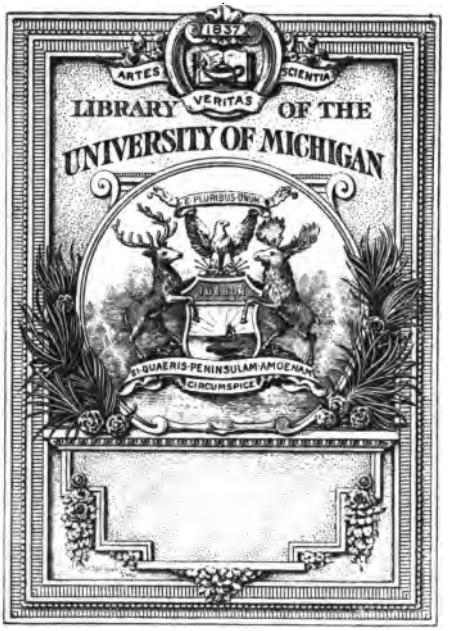
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YELLOW FEVER

AND ITS

HOMŒOPATHIC TREATMENT.

BY

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TO

The Graduating Class

OF

1847,

UNIVERSITY OF PENNSYLVANIA,

These pages are frankly and respectfully

DEDICATED

BY

A fellow-Alumnus.

EPIDEMIC YELLOW-FEVER

AND ITS

HOMŒOPATHIC TREATMENT.

The year 1853 will stand preëminently forth, in the medical history of the South-West, as the year of pestilence. *Epidemic Yellow-Fever*—the scourge of the tropics—began earlier, continued later, and extended further, than it ever was known to have done before. It attacked, indiscriminately, both sexes, adults and children, whites, mulattoes, and blacks, acclimated and unacclimated, townsmen and country people. It was so much more violent, rapid, and fatal, than heretofore, that some physicians suggested that it was a hybrid between true yellow-fever and malignant typhus; and others compared it to the plague. It decimated the populations of New-Orleans, Mobile, Vicksburgh, and Natchez, and the mortality was even greater in some of the smaller towns and villages. The friends of Homœopathy, the Rational Specific System of Medicine, the New Dispensation of Science, awaited with anxious hope its trial in this frightful malady. Nor was the confidence engendered by its success in cholera, pneumonia, and other dangerous diseases, misplaced in this. The homœopathic physicians have had such fertile opportunities of observation, that our literature of yellow-fever will soon be rich in recorded facts and philosophic opinions. My own experience has been deduced from an analysis of only 140 cases; and I am, therefore, compelled to restrict to the limits of an essay, a subject which deserves the completeness of a volume.

I. ETIOLOGY.

It has been long disputed whether yellow-fever be a disease, *sui generis*, with a specific origin and mode of propagation, or simply one form of those febrile paroxysms peculiar to hot and miasmatic regions. An impartial analysis of the contending theories, with the facts which respectively sustain them, will lead, I believe, to the following conclusions: 1. There is a malignant phasis of the acclimating, swamp, or malarious fevers of tropical countries, endemic in its nature, and non-contagious, which is undistinguishable by symptoms from the true epidemic yellow-fever, or "*hæmogastric pestilence*," as Dr. COPELAND terms it. 2. This malignant disease, in passing through the systems of probably cachectic or unacclimated subjects, or under peculiar conditions, not now understood, acquires a contagious property, and becomes portable, following the routes of travel and currents of trade, like other indisputably contagious diseases.

The interest and importance of the subject warrant us in looking more minutely at these two forms of yellow-fever; which, probably, run into each other by insensible gradations, like heat into cold, or light into shade.

It is impossible to construct a diagnostic definition of yellow-fever, which shall separate it nosologically from the so-called malarious diseases of intertropical countries. Its onset, with a chill, followed by fever, headache, pain in the back and limbs, restlessness, with or without thirst, nausea, and vomiting, is very similar to that of the bilious-remittent fever. There is more redness of the eyes, and a more uniformly white-coated and crimson-edged state of the tongue in yellow-fever; but these symptoms are too trivial in themselves, and not sufficiently universal to be considered pathognomonic of the disease. Yellowness of the skin is too common an accompaniment of all the fevers of hot countries, to be of the least diagnostic value, notwithstanding the symptom has given the most current name to the malady. The remissions, and even intermissions, of yellow-fever have been noticed by many writers, and in different parts of the world. Sometimes, indeed, the first paroxysm is so violent that the system suc-

cumbs to the morbid impression, and no remission can be detected; but the same is true of the more common remittent and intermittent fevers. Even black vomit is not satisfactorily diagnostic of yellow-fever. It very rarely happens in the cases which recover, and it is by no means found in all the cases which die. Writers, moreover, of high repute, on the endemic fevers of the West- and East Indies, and African coast, frequently mention black vomit as occurring in the malarious diseases of those regions. In like manner, the tendency to hæmorrhage from the mucous membranes, and the extravasation of blood into the cellular tissue, are not peculiar to yellow-fever. Nor need the advocates of a specific virus, as the invariable cause, lay so much stress on the immunity from a second attack; because the same immunity is accorded to the "*acclimating*," "*inflammatory seasoning*," or "*ardent fever*," of the tropical writers. And, lastly, the non-contagiousness of yellow-fever has been as warmly contended for as that of swamp-fever; and, truly, if there be any value in medical testimony, there have been not only sporadic cases, but epidemics of yellow-fever, in which the property of contagion was entirely disproved. Authentic cases are upon record, in which no possible hardihood of exposure, from sleeping in the sick-bed, to inoculation, and drinking the black vomit, could reproduce the disease in even unacclimated persons.

There is, then, what may be called, with approximative truth, an endemic, non-contagious yellow-fever. Its causes are similar to, or identical with, the general causes of inter-tropical fevers. The varieties of fever are, no doubt, like the races of men, modifications of the same type. When a Transcendental Pathology shall be constructed to match the Transcendental Anatomy of Oken, Cuvier, and Owen, the archetypal fever will correspond to the "archetypal skeleton," and all the varieties will differ from the ideal model according to the degrees, directions, and conditions of development. It is not my purpose to discuss the causation of fever—a point of medical philosophy which must remain unselved until a profounder knowledge of the relationships existing between the living organism and physical nature is brought to bear upon

it. A dis-equilibrium between the vital and physical forces is, most probably, the initiatory step of disease, and the cause of the primary phenomena. A secondary train of symptoms may arise from the physiological reactions which occur during the endeavor of the organism to resume its normality. Anatomical lesions are the products of the physiological forces acting under unusual or abnormal conditions. Thus, the nutrition of a part, the repair of its injuries, and the organic changes of its diseases, are all the effects of the same forces, applied under different circumstances. Neither heat, moisture, atmospheric vicissitudes, electrical changes, magnetic currents, telluric emanations, nor specific virus can *alone* produce disease; nor can all of them combined, unless there be a state of receptivity in the vital organism. This is a nutshell statement of the general principles we may predicate of the etiology of disease in general, and of yellow-fever in particular. Nor can we say more in explanation of the occurrence of yellow-fever symptoms, in a high grade of bilious fever, than that, in some cases, the primary dis-equilibrium is more serious, or the subsequent reactions are less efficient than in others.

It is astonishing with what obstinacy and virulence the non-contagionists deny the existence of a contagious form of yellow-fever. The evidence, however, is overwhelming; and with the enlightened and liberal part of the profession, the question has ceased to be a disputed one. I will adduce only the examples of the *Eclair* and the *Bann;* which vessels sailed from Sierra Leone, a malarious country, with a disease on board, which proved on the voyage to be genuine yellow-fever. The *Eclair* went to one of the Cape de Verde islands, the *Bann* to the Isle of Ascension; both being, at that time, perfectly healthy, and always remarkably salubrious. In a short period after their arrival, a virulent and fatal epidemic broke out among the landsmen, traceable clearly to communication with the infected vessels. Several other similar cases are on record, of the transportation of yellow-fever from a malarious continent to islands where no such disease was ever endemic. The whole question is impartially and philosophically discussed, in the *British and Foreign Medico-Chirurgical Review* for January and

July, 1848; and the views I here present, are but a *resumé* of the conclusions there arrived at.

The difficulty appears to lie in grasping the relations which the contagious yellow-fever bears to that concentrated form of endemic malarious fever, which presents a similar series of phenomena, with the exception of the contagious property. That it is an entirely distinct disease generated *de novo*, or propagated by a specific virus, always in previous existence, is a position neither sustained by facts, nor rendered plausible by analogies. The whole mystery is solved, if we admit the convertibility or transmutation, under certain circumstances, of a non-contagious into a contagious disease. The essential causes are the same; but at one time, the malignant tropical fever exhausts itself on the individual; at another, it produces, among other organic changes, an effluvium capable of reproducing the disease in the healthy organism, without the aid of the primary links in the chain of causation. The morbific force in the latter case may be said to have *run to seed*, or to have evolved a germ capable of reproducing the species.

Humboldt, who observed that the *vomito* was not contagious at Vera Cruz, and that it was unquestionably infectious in Andalusia, remarks: "It is not contrary to the analogy presented by other pathological phenomena, that a disease, which is not essentially contagious, may, under certain influences of climate and season, and by the accumulation of patients, or by individual disposition, assume a contagious character." Dr. Hennen, whose individual experience was immense, writes thus: "Surely, there are few practical physicians now-a-days, notwithstanding Dr. Bancroft's dogmas, who doubt that diseases, originally incapable of propagating themselves, may acquire that property by crowding many sick into filthy and ill-ventilated habitations under a tropical heat." The point is inconvertibly established, by a multitude of facts, with regard to typhus, typhoid, and puerperal fevers, erysipelas, plague, cholera, influenza, hospital-gangrene, and other diseases. The ablest medical reports from the western coast of Africa, show also that a contagious may grow out of a non-contagious yellow-fever. On the coast of Sierra Leone, the same series of sequences has been repeatedly observed. The endemic malarious

fever becomes more prevalent; occasional cases of uncommon severity occur; unequivocal sporadic yellow-fever comes on; this next acquires a contagious property; other allied diseases disappear, and true epidemic yellow-fever reigns alone. And to obviate the objection which might arise from the possible coincidence of other causes, it has been shown, as above stated, that the mild endemic fever, taken on ship-board from the African, has degenerated, during the voyage on the wide ocean, even if the daily progress were towards colder latitudes, into malignant yellow-fever; which has been communicated, in all its concentrated virulence, to remote and salubrious stations. The contagious property is, therefore, inferred to be, not so much a quality of the disease itself, as an adventitious feature acquired by transmission, under extraordinary circumstances, through the human subject.

The least tangible form of contagion is that in which no *materies morbi* can be detected, or its existence even assumed, except by remote analogy. Hooping-cough furnishes an example of this, and its propagation may be almost compared to that of hysteria from one female to another, by a kind of nervous or mesmeric induction. On the other hand, contagion is embodied forth to our grossest conceptions as an infectious substance, the educt of morbid action, in the virus of gonorrhœa, hydrophobia, small-pox, &c. Between these two extremes there is no doubt an invisible effluvium, too subtle, perchance, for our present chemical analysis, but impregnating the atmosphere within certain undefined limits, with its noxious essence. This appears to be the general mode of yellow-fever propagation. The distance to which this effluvium may extend, without having its active properties destroyed by dilution or otherwise, is unknown. The fact, that it may be entangled in the meshes of clothing, coils of rope, packed goods, &c., appears to have been fully established. Free ventilation and a low temperature seem to prevent its manifestation. Whether cold really destroys its vitality, as it may do that of an unprotected plant, or so modifies the nervous system, as to render it unsusceptible to its influence, is still an open question.

Like other contagious elements, that of yellow-fever lies for a while dormant in the system, during what is called the period

of incubation. The wide range given by different writers to this period, being from a few days to many months, shows the inaccuracy and insufficiency of our knowledge of the subject. From one week to three, may be stated as the most probable average.

NATCHEZ, containing about 6000 inhabitants, is beautifully situated on a bold bluff, 150 feet above the Mississippi river. The vicinity is dry and undulating, and the town itself remarkably neat and cleanly. It has none of those local conditions which are supposed to generate or foster malarious diseases. Accordingly, with the exception of epidemic visitations, Natchez is an uncommonly healthy place, standing statistically next to New-Haven, the first in the list of American cities in respect to salubrity. Intermittent fevers are rare, and the bilious remittent fevers of swampy countries are almost unknown. It is quite as dangerous for a citizen of Natchez to tarry in the Louisiana lowlands opposite, during the autumnal months, as it would be for a new comer from Boston. The supposition, that any of the endemic diseases of Natchez could degenerate into yellow-fever, or that yellow-fever could originate spontaneously in such a locality, is contrary to the general tenor of facts and analogies drawn from other places. It is not at all unlikely, that former pestilences have differed much from the great one of 1853. That epidemic, however, was most probably imported into Natchez from New-Orleans, and propagated into the neighboring country and villages by contagion. The first cases appeared in families, some member or members of which had come from New-Orleans within a few weeks. The houses were not under the hill along the river, nor in the suburbs, nor in filthy, ill-ventilated, damp, and otherwise noxious places, where, if at all, the disease might be supposed to originate. They were pleasantly situated in the central part of the city, and the tenants all in comfortable circumstances. There were four distinct centres, or foci of emanation, whence the disease appeared to spread in every direction, not reaching the suburbs until after the lapse of several weeks. Many of the inhabitants who fled to the country, carried the disease with them. One gentleman sickened on the road, and stopped at the house of a friend twelve miles from town, where he died of yellow-fever. One

of the family speedily exhibited the same disease, and died. Another fled into an adjoining county, where he also sickened, and communicated the disease to those around him. In this manner, neighborhoods and villages were scourged by yellow-fever, where the disease was utterly unknown. The pestilence extended gradually to the country-residences about Natchez, until scarcely a house was left unvisited. In several cases, which came under my observation, the families were carefully isolated, with the exception of one messenger, who was permitted to visit the town on necessary business, and uniformly that messenger was the one first attacked. The popular mind, ever alert in pursuit of safeguards from supposed danger, is prone to believe hastily the doctrine of contagion; but if the universal sentiment of an intelligent community, matured by the sad experience of months, can have any weight as evidence, that weight is entirely in support of the contagious character of the late epidemic.

The question of quarantine is too complex and difficult for me to pretend to give it a solution. Although quarantines have failed to keep out the disease in many instances, it has not been proved, that the unsuccessful quarantines were all of proper duration, instituted early, and enforced rigidly. If a solitary person evade the restrictions, the whole purpose of the quarantine may be frustrated. The entire subject is well worthy of thorough re-consideration by the opposite factions of the medical profession. The main point is, of course, to keep the disease out of New-Orleans, the commercial emporium of the South-west, whence the seeds of it are disseminated along all the routes of travel. An ample and strict quarantine, conjoined with efficient police regulations, might exclude the pestilence from our borders. Dr. Samuel Cartwright, an ingenious speculator, proposes to confine it to the shipping by quarantining the sailors, and permitting none but negroes to unload and reload the vessels. This theory is founded on the supposition, that the negro is a perfect non-conductor of yellow-fever, a theory which the death of hundreds of negroes this year by yellow-fever has shown to be as baseless as the fabric of a vision.

The temperature of the summer was not above the average.

The nights were generally cool, and the thermometer during the day varied from 80° to 90° Fahr. For several weeks, preceding the outbreak of yellow-fever, a great deal of rain fell, and it was quite moist during the whole season, as evidenced by the abundance of green mould. An equinoctial storm of wind and rain, at about the height of the epidemic, had no perceptible influence either to increase or diminish it. It continued after several hard frosts, and even the formation of ice; for a good many cases and several deaths occurred in December. Intermittent-fever cases brought from the swamp into the atmosphere of town, soon degenerated into yellow-fever, and many who had escaped in the country, were attacked after coming back to town on the appearance of frost, hitherto the signal of returning security.

II. SYMPTOMATOLOGY.

General course and characteristics.—Yellow-fever like scarlatina presents a wide range of manifestation, from an ephemeral mildness to the most malignant severity. The impending attack is sometimes foreshadowed for a few hours by languor, restlessness, and malaise, but most commonly a chill comes on without premonition. Sometimes heat, shiverings, headache and nausea are all confusedly mingled in the onset. When the febrile reaction is complete, the pain in the head, back, and limbs, is sometimes exceedingly severe; the skin hot and dry; the pulse full, hard, and ranging from 100 to 130; urine scanty and high-colored; eyes injected, watery, and brilliant; tongue covered with a pasty white coat, with red edges and apex; and there is sometimes a good deal of mucous and bilious vomiting. This paroxysm, scarcely distinguishable from the incipient stage of bilious remittent, lasts from 12 to 36 hours, and terminates in a general or partial perspiration, with great diminution, but seldom the disappearance of the disagreeable symptoms. This remission is the rule, but the exceptions are numerous, and I have repeatedly seen the fever continue uninterruptedly four or five days. When the patient declares himself worse, which is usually in few hours, another train of symptoms arises; the pain in the head, back, and limbs, is not so poignant as heretofore; indeed it is frequently entirely absent. The pulse,

tongue, and skin, may remain entirely natural, whilst in fact the patient is verging into a most critical state. If there be febrile irritation, it is rather that of the typhoid, than of the sthenic type, the pulse being soft, rapid, and sometimes irregular. Pain is referred to the abdomen, most frequently to the epigastric, but sometimes to the umbilical, or hypochondriac regions. It is sometimes almost intolerable, whilst in cases of imminent danger the symptom may be entirely wanting. Diarrhœa or dysentery may accompany this stage, but constipation is more common. Burning in the pit of the stomach, acid and acrid eructations, flatulence, thirst, nausea, all combine to produce a remarkable sense of prostration, and a great degree of tossing and sleeplessness. The skin and conjunctivæ assume a light lemon hue, which deepens into a deep orange or gamboge color, although this symptom is by no means universal. The urine, also, is sulphur or saffron yellow, and stains the linen. Sometimes, however, there is slight strangury, and in bad cases the secretion is totally suppressed. Hæmorrhages from the gums and fauces, or other mucous membranes, are now common. Vomiting becomes a distressing and alarming symptom. The matters ejected pass from a greenish-yellow into a brownish or claret-colored hue; sometimes blood red, dark or black, is thrown up. The appearance of coffee-ground vomit leaves but a ray of hope. Still the patient may recover through a tardy convalescence very liable to relapse. If the disease be not arrested, the temperature of the skin falls, the hæmorrhages become more profuse or ominous, the circulation fails, extreme jactitation comes on, delirium or coma supervene, and the act of dissolution is occasionally preceded by general convulsions. Diagnosis was very easy, but the disease was so Protean in its forms, and so uncertain in its course, that the prognosis was greatly embarrassed. The patients seemed generally to be worse on the 1st, 3d, and 5th days. Death appeared to be more common on the 6th day, but some few died as early as the 3d, and many lingered beyond a week. Several cases terminated in dysentery, and a good number in common intermittent fever.

The above sketch is purely typical, a Procrustean bed, upon which probably no single case could be accurately fixed. If it

be a good general rule in medical philosophy, that each case should be as thoroughly studied, as if it were an isolated and specific disease, it is especially so in yellow-fever. It has been truly said, that an inexperienced observer might mistake several cases of yellow-fever in the same ward, for examples of as many different diseases. This diversity of symptoms, both in particular cases and in the general character of different epidemics, has given rise to all the discrepancies of description and contrarieties of opinion in the literature of the disease. I propose dwelling a little more minutely on some local features of importance, stating only what I have seen myself, without repeating the numerous and frequently discordant observations of others.

Head.—The headache was severe during the first febrile paroxysm, but abated during the remission, seldom to return, and never to resume its prior intensity. It was throbbing, boring, with a sense of undulation in the cranium. There was commonly soreness of the eye-balls on motion, sometimes photophobia, and in one case violent ear-ache. The posterior cervical muscles were sometimes stiff and painful, and, after the headache disappeared, the scalp was frequently tender to the touch. There was sometimes a sensation, as if the head were very much enlarged. The pain in the head in a few cases was general, but it was almost always referred to the supra-orbital region. I believe it will be usually found, that when the organic functions bear the brunt of disease, the headache will be referred to the anterior part of the cranium, while the derangements of animal life are rather displayed by vertical and occipital headache. The *rationale* may lie in the fact, that the frontal sinuses are lined with mucous membrane, associated with the other mucous membranes through the medium of the cranial ramifications of the great sympathetic or ganglionic system.

Eyes.—The redness, brilliancy, and watery suffusion of the eyes, is more marked in the first stage of yellow-fever, than in any of its allied diseases. They generally cleared up naturally, when the febrile impetus abated, but if they continued, injected, or became so again during the course of the disease, it was ominous of greater danger and of a more tedious recovery.

Yellowness of the conjunctivæ was very common. Its sudden appearance, whilst the other symptoms were apparently favorable, gave grounds for serious apprehensions. In several cases the yellowness, both of the eyes and skin, came on during tardy convalescence. I saw no case of hæmorrhage from the eyes. In one or two cases, there was transient blindness without disturbance of intellect; and, preceding convulsions by some hours, I noticed a fixed obliquity of the axes of vision.

Nose.—Many cases began with symptoms of what is called a "cold in the head." Hæmorrhage, generally slight, occurred from the nasal membrane, sometimes early, sometimes late in the disease. The former might be called the hæmorrhage of active congestion or of arterial plethora; the latter the hæmorrhage of morbid transudation. I could not see that either of them had the least prognostic value. Children were very apt to pick the nose as the disease diminished, sometimes so pertinaciously as to make it bleed and leave unsightly scabs.

Mouth and Pharynx.—The tongue, white-coated and crimson-edged at first, became frequently yellow or brownish. In a few instances, it was fiery-red all over, like raw beef, and in one protracted case, it was glazed, red, stiff, and dry. Sometimes, it was almost natural throughout the disease, even in fatal cases. I saw little of that tremulous, sluggish, difficult motion, common in typhoid fever. A vertical thickening of the tongue, probably from effusion into its cellular tissue, like that under the skin, I came to regard as a rather unfavorable sign. There was, generally, a bad taste in the mouth, and the breath was always offensive, but my olfactories could not detect any speciality about it, by which I could recognize yellow-fever. Spontaneous ptyalism sometimes occurred, one or two cases of which were ascribed by the unscrupulous malice of our opponents, to the secret use of calomel. Hæmorrhage from the gums, fauces, and pharynx, occurred in some bad cases. The fluid was like thin molasses; in one case, like prune-juice, and exuded slowly, but in considerable quantity. The mucus hawked up from the pharynx, was frequently tinged or streaked with the same kind of blood. There was common complaint of heat, soreness, and tenderness, throughout the mouth. Sore throat sometimes existed, with redness,

swelling and difficult deglutition. An acrid, nauseated, burning sensation in the fauces, was a symptom of the second stage.

Stomach.—Positive pain in the epigastrium sometimes occurred, but there were oftener only soreness, and sense of weakness and oppression. Thirst, burning in the pit of the stomach, and an indescribable, empty, gnawing, sinking feeling preceded and accompanied the nausea and vomiting, which were the most troublesome and distressing of the yellow-fever symptoms. An insensibility to external pressure stood occasionally in strange discordance with the gastric irritability, and other symptoms of gastro-enteritis. Acid and acrid eructations were very common. Every thing, even cold water, was said by the patient to "sour on the stomach." Conjoined with all of these symptoms, there was sometimes a morbid, canine hunger, which made the patient forget every thing else, and think that could he only eat something, he would be perfectly well. The nausea was provoked by eating, by motion, and in some cases, by lying on the left side. Hiccough, which Dr. STOKES considers a strong sign of inflammation about the cardiac orifice of the stomach, occurred in some bad cases. The matters ejected, were at first acid, mucous, and watery, followed sometimes by greenish-yellow fluids. Subsequently, the appearance of a few dark specks here and there, foreboded the coming hæmorrhage. Sometimes there was a regular hæmatemesis, the blood varying from dark-red to a deep black, according, probably, to the length of time it had been subjected to the acids of the stomach, before being thrown up. Occasionally, the liquid part was of a light-claret color, with shreds, or little masses, of dirty mucous membrane floating about in it. There was a brown, jelly-like matter sometimes, intermediate between this last and pure black vomit. Black vomit, which is, evidently, blood in a minutely granular state, has been aptly compared to very fine coffee-grounds, and to snuff, mixed with just enough water to make it trickle. The quantity vomited up is sometimes very great, and it is frequently found distending the whole intestinal tube after death. It is sometimes spirted out of the mouth over the bed-clothes or floor, like the vomiting of Asiatic cholera. If the patient

is very much prostrated, it is merely gulped up with a kind of eructating motion, and then runs out at the corners of the mouth. It is said to be distinctly acid, reddening litmus paper, and effervescing with carbonates. It may be arrested by medicines, or cease spontaneously, even several days before death. As we shall see hereafter, it is not always, nor necessarily, a fatal symptom.

Genito-Urinary Apparatus.—The uterus and vagina were by no means exempted from the hæmorrhagic tendencies of the other mucous membranes. Sometimes this discharge was very profuse, and in one case there was dreadful excoriation around the vulva. In pregnant women, spasmodic uterine pains were very generally excited, and, in several cases, abortion took place. Such complication, of course, greatly augmented the danger of the patient. One lady had convalesced satisfactorily to the eighth day, when abortion came on, profuse hæmorrhage followed, and she died next day with the black vomit. The urine, as usual in fevers, was at first scanty and red. In a few cases it was limpid and in great quantities, indicating a serious implication of the nervous system. In the second stage it was intensely yellow, or occasionally turbid and brownish, like porter. This last was sometimes largely excreted, without proving critical. Urging to urinate, and small, bloody discharges, took place in some cases. Suppression of urine is perhaps more frequent in severe cases of this, than in any other disease, except Asiatic cholera. It was always a symptom of formidable character, and when conjoined with black vomit and delirium, presaged too certainly the approach of death.

Other Abdominal Organs.—A sense of fullness, tenderness and pain in the hypochondria was occasionally observed, but never so marked as to suggest inflammation of the liver or spleen. In a great many cases there were tenderness and pain below the umbilicus, and oftener on the right than the left side. Flatulence was a common and annoying symptom. If spontaneous diarrhœa occurred, the stools were always bilious. Subsequently, they consisted of the molasses like blood, rendered blacker than elsewhere by the sulphuretted hydrogen of the lower intestines. I saw no case of the swelling of the

groin, or sloughing of the scrotum, mentioned by some West-Indian writers.

Chest.—The thoracic organs were not primarily deranged. There was no fixed, distinct pain, referred either to the heart or lungs. The heart was accelerated during the febrile action, the pulse being full, strong and regular. In the latter stages, its beat became rapid, tumultuous, small, irregular, and sometimes intermittent. A soft, full, compressible pulse, averaging 100, was very common throughout the disease, whether mild or severe. In one case, the wrist was pulseless for some hours, as in Asiatic cholera, and the pulsation returned during a partial but transitory reäction. Deep sighing respiration, at irregular intervals, was quite common, and indicated pulmonary congestion, or deficient innervation. Irregular and distinctly intermittent breathing in an infant, due probably to effusion upon the respiratory nerve-centres, terminated in convulsions and death. One lady, laboring under chronic bronchitis, had bloody expectoration during the fever, but I met with no case of hæmorrhage from the pulmonary membrane analogous to those from the other mucous surfaces. The vito-chemical processes excited by a constant renewal of oxygen, may keep up the activity of the capillary circulation, and prevent that partial stasis of the blood which must necessarily precede its transudation.

Nervous System.—In all points of view, as the medium of the mind and of the senses, as an excito-motory apparatus, both voluntary and involuntary, and as exerting a powerful exciting or depressing influence over the organic processes, the nervous system was both primarily and secondarily implicated. The subjective phenomena were numerous and distressing—pains, nausea, vertigo, numbness, bad taste, thirst, hunger, coldness, burning heat, frightful dreams, and a great variety of abnormal sensations. Fear, as in other epidemics, was a predisposing cause of the disease, and some patients were stricken from the beginning with apprehension amounting to a presentiment of their approaching death. Sleeplessness, and great restlessness, were common in severe cases. The sleeplessness was sometimes conjoined with great drowsiness, and the patient frequently started up from unrefreshing sleep,

haunted by terrifying visions. The pains in the head, back, and limbs, were probably due to congestion of the cerebro-spinal axis, and its investing membranes. In one case, notwithstanding strong febrile symptoms, no complaint was made of any thing but intense pain in the ankles. The abdominal pains of the second stage, and even the thirst, nausea, heart-burn, &c., were sometimes distinctly, but irregularly intermittent, like the pains of colic, which is explained by the fact that all the functions of the ganglionic plexuses are rhythmical in their character. Even a current of electricity, according to VOLKMANN, is not transmitted continuously through them, but is broken up into a number of successive shocks. The pains reflected from the cerebro-spinal apparatus, were frequently shifting as to place, and varied as to intensity. Delirium sometimes occurred, in the first stage, when it was of little importance. Coming on, however, after a few days, and the result of vitiated blood acting upon the nerve-centres it was very generally a fatal symptom. In some cases it was furious, the patient struggling desperately to get out of bed; but generally it was of the mild, incoherent, typhoid type. In an old drunkard, it was precisely the delirium of *mania à potu*. Stupor, even to profound coma, often marked the last stages. I heard of cases in which the intellect was retained to the last, as in Asiatic cholera; but in the few death-scenes I witnessed, not a ray of thought was manifested.

Skin.—The temperature of the skin after the febrile paroxysm, was commonly natural, except when it subsided into the coldness of death. In a few cases there was the *calor mordax* of typhus. The perspirations were very irregular, sometimes only partial, sometimes offensive, and never, that I could discern, of the least prognostic value. Our patients, from a lingering allopathic prejudice, were at first anxious to keep covered up, take mustard foot-baths, drink hot tea, &c., to determine to the skin. But before the epidemic was over, so many allopathic cases reported to be doing finely, in a good perspiration one day, had black vomit the next, that our patients became generally willing to leave the case to pure, unperturbating Homœopathy. The yellowness came on generally by the third or fourth day, seldom earlier, and sometimes not

until convalescence was established. The face and neck were often more yellow than the rest of the body. This yellowness occurred sometimes coincidently with copious, bilious evacuations, as happens in many cases of jaundice—and on the other hand there was sometimes no yellowness when the bowels were obstinately constipated. The color commonly deepened very much after death. Petechiæ were sometimes observed in protracted cases. I saw the back (the most dependent portion) of a young infant covered with large bluish black blotches, simultaneously with yellow eyes, urine and skin, black stools, and bloody vomit. Cutaneous eruptions were very common in the disease, but there was little uniformity in character or extent. The eruption was sometimes vesicular, sometimes what is known as "prickly heat," sometimes like nettle-rash, and again the skin presented the persistent, lobster-like redness of scarlatina. During convalescence, scabby eruptions, abscesses, pimples on the face, desquamation of the cuticle, particularly of the hands, feet, and face, were exceedingly common.

The scalpel has as yet given us but little definite or reliable knowledge of the anatomical lesions produced by yellow-fever. The diversity and contrariety of medical statements upon this subject are remarkable. If we abstract from the reports of *post-mortem* examinations the traces of former acute or chronic diseases, the effects of the poisonous drugs used in the treatment, the cadaveric changes, and other sources of confusion and fallacy, but a meagre, and even then unreliable outline, will be left of the pure pathological anatomy of the disease. Of what significance is an anæmic, friable liver, when we do not know whether blood-letting and calomel, or yellow-fever produced it? The most important fact deduced from this source is that the morbid changes in the stomach, in the great majority of cases, are *not* those of inflammation. The most distinguished pathologists concur in the opinion that besides redness there must be thickening of the mucous membrane, (which has never been found,) and a greater degree of softening than has ever been observed, to warrant our identifying the last stages of yellow-fever with gastro-enteritis. The great mass of the post-mortem appearances may be, no doubt, re-

ferred to the chemical and physical changes in the blood, its stasis in, and exudation from the capillary vessels.

III. PATHOLOGY.

Pathology in its widest sense is the interpretation of morbid phenomena. The only key to its secrets will be a perfected physiology, for "pathological process," in HENLE's philosophic definition, "is the manifestation of the typical or physiological forces under abnormal conditions." The repair of injuries is not a peculiar measure adopted by some "*vis medicatrix*" in cases of emergency, but the common and ordinary nutrition of the part taking place under unusual circumstances. Disease is not an entity introduced from without and preying upon the living tissues—nor does it alone consist in the reaction of the vital forces against the disturbing cause. It is the abnormal action of the vital force itself, characterized by stimulation, depression, perversion, or other terms. This principle must be kept constantly in view when we survey the various phenomena of disease with the hope of establishing a chain of relationship between them, which shall illustrate and simplify our conceptions of the morbid process. From this point of view, we will endeavor to analyze and reduce to something like systematic order, the confused mass of symptoms which I have here brought together. He would be a bold man who should pretend, with our present limited knowledge, to construct a satisfactory pathology of yellow-fever. Speculation, however, upon such an important subject is not idle or worthless, even if it be fruitful of nothing but suggestions. Fact and theory are the body and soul of science, and it has ever been the highest aim of philosophy to make them blend into harmonious life and beauty.

There are three classes of pathologists named—according to the view they take of the point and mode of the morbific invasion—*solidists*, *humoralists*, and *neuropathists*. The first believe diseases to be of local origin, arising primarily from some impression made on the parenchyma of the organs. The school may almost be said to be extinct, but it bequeathed us the valuable fact that local determinations and changes occur in almost all general and continued diseases. The humoral-

ists, carried away by the partial truth derived from the chemical analysis of the blood and other fluids, have revived, amended, and enlarged the old doctrine of peccant humors and critical expulsions. The neural pathology has arisen from the minute and comprehensive cultivation of physiological science, for which the last half century has been so distinguished. It takes higher ground, covers and explains more phenomena, and has greater power, scope, and plausibility, than either of the others. But he has taken a narrow view of the wonderful combination of apparatus and processes through which our human life is manifested, who, in the midst of such a labyrinth of mysteries, can say of disease, lo! it is here, or lo! it is there. We may safely take the broadest position, and say that there is no disease in which the nervous system, the blood, and one or more organic tissues are not involved. Just as the rivers and lines of commerce, the agricultural area, and the cities and towns, as greater and less centres of civil life, are blended harmoniously together, so are the functions in health, and their derangements in disease.

A pathological theory of yellow-fever, to be satisfactory, must embrace and explain, as far as possible, all the disturbances incident to the disease. Let us suppose it to be divided into two stages—the first consisting of the chill, febrile paroxysm and remission; the second of the subsequent symptoms, chiefly abdominal, and the various sympathetic phenomena dependent upon them. The first stage we may reasonably compare to the poisoning of the cerebro-spinal system by malaria, and call its pathology a modified innervation of that system. The second stage may be compared to a less obvious but profounder poisoning of the ganglionic system. The main feature of this is modification of function and secretion. These changes exert a progressive toxic influence upon the blood, during the course of which it partially stagnates and exudes from the mucous membranes or into the cellular tissue. This vitiated fluid then reäcts upon the nerve-centres—producing delirium, coma, or paralysis of the *medulla oblongata*. The different links in this morbid chain are worth studying, particularly by the Homœopath, who must select those remedial

agents whose pathogenetic effects are parallel with and similar to the pathological process under treatment.

The first stage of yellow-fever, like that of bilious remittent, or like a single paroxysm of intermittent, has its cold, hot, and sweating periods, although the last is sometimes but faintly marked. A chill is characterized by a constriction of the capillary tissues, a laxity or feebleness of muscular fibre, coldness both objective and subjective, diminished secretions, (for the organic constituents of even the urine are not separated in usual quantity from the blood, while the watery portion merely exudes through the venal parenchyma) and abnormal sensations, such as vertigo, nausea, pain, &c. &c. All this is evidently a deficient innervation or a kind of sub-paralysis of those nerve-centres which promote muscular tonicity, regulate the capillary circulation, and influence directly and powerfully the chemical transformations of organic life and the evolution of animal heat. The symptoms may be not inaptly compared to the coldness, pallor, chattering, muscular tremor, enuresis, and palpitation of extreme fear. The vomiting of this stage is not of gastric, but cerebral origin—like that which results from concussion of the brain. It is very probable that the constriction of the capillaries is not confined to the skin, (why should it be?) but extends throughout the mucous membranes. A shrunken, contracted state of the liver especially, and of all the mucous membranes from which the portal veins arise, will explain the reflux of blood upon the spleen, and the consequent engorgement of that organ in intermittents. Anatomical considerations will also show why the heart, lungs, and kidneys, should be the next most remarkable centres of congestion. It may be here observed that the chilly stage of yellow-fever it usually short and slight, sometimes exceedingly evanescent, and that it seldom or never returns.

The explanation usually given of the passage of the cold into the hot stage is very unsatisfactory. It is said that the centripetal fluxion of blood stimulates the heart to vigorous contractions, which overcome the obstacle in front, and gradually restore the equilibrium of the circulation. This rationale depends on the truth of HALLER's doctrine of the inherent irritability of muscular fibre, a doctrine strongly questioned, if

not quite subverted, by recent physiological discoveries. The heart of the frog was known to beat for a considerable time after being exsected from the body; but, it has been observed, that when a nervous ganglion, found in its substance, is removed, no possible stimulation can excite any muscular contraction. This, and many correlated facts, lead to the inference that muscular fibre is a mere medium for the manifestation of nerve-force, and that all the motions of the heart and other muscles are due to innervation alone. If it were possible to keep up the nervous supply, and to nourish the muscle itself, all the time, the heart would, no doubt, circulate water, or milk, or any other fluid as readily as blood. The accession of the hot stage is caused by a change in the nerve-centres. It is a reversal of nervous action, an oscillation of the pendulum to the other extremity of the arc. In the act of blushing, in the engorgement of the erectile tissues, in the circumscribed heat and redness of the hectic flush, &c., we see the very opposite conditions of those we have just described, produced by nervous action alone. These phenomena exhibit, in miniature, what takes place universally in fever. The capillaries relax and become turgid; the internal congestions are relieved; animal heat evolved; the secretions restored, and the whole system resumes its normal state. The reäction is most probably effected by the impressions conveyed from the abnormal peripheries by the centripetal nerve-trunks to the nerve-centres, just as the pain of inflammation is produced by the swelling. This view is entirely accordant with HENLE's conclusion, "that *even* where *external* influences occasion increased accumulation of blood, and exudation, the cause of the phenomena proceeds from the centripetal nerves." The blood moves more slowly through the turgid and congested capillaries, and is thus, as it were, dammed back towards the heart. The pulse is full, strong, hard, resisting, because the artery is dilated and distended, and not because the blood is moving through it more rapidly, forcibly, or in greater quantity. "Strong pulsation," says HENLE, "far from being an evidence of increased vital activity of an artery, proves much rather, that its vital energy is weakened." Why may not the same fact be predicated of the heart itself, notwithstanding its apparent excitement? Is it not

altogether probable that it is passively responsive to the changes going on in the nervous system; and that the full, hard beat of the hot stage is simply the natural transition-state from the tumultuous action of the cold stage towards the functional manifestations of health?

The evolution of caloric is the exponent of the chemical changes going on in the body; and both in the human organism are notably dependent on the nervous system. Animal heat is increased by the exciting, and diminished by the depressing passions. It is lessened, also, in sleep, when the nervous energies are dormant. A paralyzed limb is colder than one not paralyzed. When the nerve-centres are removed, the body cools rapidly, notwithstanding the artificial maintenance of respiration and circulation. Heat is the unfailing index of chemical transmutation. In the febrile paroxysm, before the secretions are unlocked, the chemical affinities prey upon the adipose and other tissues, as in the animal stage of hybernation. It is waste without supply, and hence the emaciation of disease. Simple determination of arterial blood to a part cannot cause secretion. The skin remains red, and dry, and burning for hours; but the return of perspiration indicates that the nervous system has resumed its normal play, and permitted the cutaneous secretion. This return of organic activity generally begins in the viscera, and the immense outpouring of the gastric, duodenal, and hepatic secretions may give rise to the nausea and vomiting of the hot stage. The pains subside with the restoration of function; and the intermission, or remission, has come.

So far the symptoms of yellow-fever are not dangerous. We have described simply a paroxysm of intermittent. It is almost always the initiatory stage of yellow-fever, but just such a paroxysm never returns in pure yellow-fever. When, after a few hours, the patient gets worse, the symptoms all point to a derangement of the ganglionic nervous system. The local determination is to the mucous and serous membranes, particularly to the former, and more especially to those parts supplied by the great abdominal plexuses. The violent pains of this stage are all neuralgiæ of these nerves. Nausea and the various subjective sensations, sticking, boring, burning, press-

ing, sinking, empty, raw, tender, &c., &c., are impressions made by the organic disturbances on the sensorium, and interpreted in the language and according to the experience of the special senses. The principal objective symptoms are perverted or arrested secretion, stasis of blood, and, finally exudation. The various muscular contractions of this stage, the hiccough, the vomiting, the occasional intestinal and vesical urging, the uterine spasms, the not infrequent rapid action of the heart, the extreme jactitation, &c., &c., are reflex phenomena excited by the abnormal condition of the viscera. We cannot define, precisely, the relation which these two stages bear to each other; but it is because we are still ignorant of the corresponding relations of the cerebro-spinal and ganglionic symptoms. It is probable that the ganglionic system is the primary and real seat of the yellow-fever poisoning, and that the first stage, or febrile paroxysm, is purely sympathetic. This supposition is supported by the remarkable injection of the conjunctiva from the beginning; it being a visible intimation of a corresponding derangement of the nerve-centres, whose branches impinge upon the mucous membranes, which are not seen. The florid edges of the tongue, appearing so early, may have the same significance.

In what the morbid process really consists, we cannot determine; for we know, positively, nothing of the essential nature of disease. We may safely say that it is not the process we call inflammation; for post-mortem examinations have given no evidence of fibrinous effusion with the adhesions, thickening, induration, or ulceration, so uniformly found as proofs of that condition. The burning in the pit of the stomach is no sign of it, because it is even more strongly marked in Asiatic cholera, in which inflammation was never suspected. The tenderness, on pressure, is equivocal, being sometimes absent in the worst cases, and frequently present as a mere index of nervous irritability. The lesions are what the pathologists call functional, in contra-distinction to organic. Hence we may approximate the workings of the disease when we call it a perverted application of the nervous energies, emanating from the ganglionic centres. It seems to be more than a simple depression, or excitation, and perversion is a more comprehensive

and suitable phrase. One prominent effect is, no doubt, depraved secretion. This is evident in the stomach during what DR. BLAIR calls the stage of acid elimination, and, it is probable, in the liver and kidneys. The next remarkable effect is the stasis of blood; and when we recollect that the blood-vessels are supplied with nerves from the great sympathetic, we may readily conceive the dependence of this symptom, also, on the state of the ganglionic centres. The next symptom we might expect to be arrest of secretion, and so it is. A diseased organ already secreting badly, or abnormally, in which deteriorated blood stagnates, is not likely to secrete at all. The liver is generally the first to stop working; the kidney the last. The matter vomited for some time previous to black vomit has seldom a trace of bile. Absorption, however, is still comparatively active. The bile last exuded from the hepatic cells, and stagnating in the radicles of the biliary duct, from absence of the *vis a tergo*, is taken up into the circulation, and gives the yellow tinge to the urine, skin, conjuntivæ, &c. The same thing happens in jaundice, and is a symptom of very little importance. The state of the liver, in yellow-fever, is but one link in a long chain of morbid phenomena, and by no means the most essential one. The absorption of the last particles of urea, secreted in the cortical portion of the kidneys, is a more dangerous symptom, because urea is a prompt and fatal poison to the nerve-centres.*

We have assumed a progressive poisoning of the blood in yellow-fever, as in other zymotic diseases. The fermentation theory of LIEBIG has been proven to be a hasty and unphilosophic generalization, unsustained by facts, and supported only by crude analogies. The deterioration of the blood is not produced by the multiplication of virus in molecular form. If such virus enter the blood, as is probable, indeed almost certain, in those cases propagated by contagion, it acts on the nerve-centres like other poisons taken into the circulating current. The changes in the nerve-centres alone, are quite capable of producing the vitiated blood of yellow-fever. A fit of passion produced almost instant jaundice, absorption of bile,

* The later experiments of physiologists seem to refute this old opinion.—ED.

effusion of yellow serum into the cellular tissue, conjunctiva, &c., in Murat, when he was king of Naples. Mental emotions have caused changes in the mother's milk, sufficient to poison the child. MAYO states that when the pulmonary innervation is cut off by section of the eighth pair, the blood is partially deprived of its fibrin, and the fibrin and hæmatosin are found separated in the pulmonary veins. The same experiment made by DUPUY upon a horse, led to a dissolved state of the blood, and this devitalized blood, injected into the veins of another horse, caused gangrene. Dr. BELL has seen sun-stroke produce rapid deterioration of the blood, and breaking down of all the solids of the body, so that the smell of putrefaction existed even before death. Mr. DICKINSON, good authority in tropical fevers, states that he has seen pure black vomit induced by sun-stroke and by injuries of the brain. The continued functional derangement of the whole blood-making apparatus is a sufficient cause of the deterioration of the blood. This vitiated state is, no doubt, vastly increased by the retention, in the circulation, of the carbon and nitrogen which should have been eliminated, the former by the liver, the latter by the kidneys.

The hæmorrhagic transudation of the second stage depends upon two causes acting conjointly; the want of plasticity and arterialization of the blood, and the relaxed state of the capillaries, induced by their abnormal innervation. That the state of the nerve-centres alone may so modify the capillaries under their control as to permit or induce hæmorrhage, is evident from the hæmatemesis which occurs when the state of the uterine nerve-centres is reflected upon those of the stomach. Black vomit, the most dreaded of these exudations, is blood chemically modified by the gastric secretions. The vomiting preceding its appearance, is almost always intensely acid. The blood is poured out by a kind of *exosmosis;* for the membranes are generally perfectly free from any trace of rupture. The albuminous part of the effused liquid is coagulated into that finely-granulated state compared to coffee-grounds, while the coloring matter, already dark by excess of carbonaceous matters, is rendered pitch-black by the sulphuretted hydrogen and other chemical agents always present in the intestinal tube.

This coffee-ground substance is only found in that tube, the hæmorrhages from other points being uniformly of dissolved, molasses-like blood. Dr. STEVENS, who has a chemical theory to maintain, says that black vomit and blood taken from the heart after death, looked exactly alike—a beautiful specimen of analytic argument! if he means us to infer that the substance of black vomit circulated in the vessels before death. It is impossible to conceive how the nervous functions could be carried on a moment with such a plasma for their nutrition. When people die with black vomit, while the intellectual faculties are perfect, it is very improbable that the blood is more vitiated than it commonly is in scurvy. It is also likely that blood exuded from all the surfaces is considerably modified *in transitu* through the diseased membranes. Blood drawn from the arms by Dr. BLAIR, in the second stage, although the serum was yellow, coagulated firmly, and in one case fibrinous blood was obtained from the veins, while the dissolved molasses-like blood was oozing from the mouth and anus. The occurrence of black vomit is of such bad augury, not because it shows a thoroughly devitalized state of the blood, but because it indicates a state of the solar plexus particularly, and the ganglionic system generally, which, from their intimate sympathies with the *medulla oblongata*, is likely to prove fatal to life. This is readily understood when we reflect that through the same sympathies, a blow upon the epigastrium can kill, by causing almost instant paralysis of the brain, heart and lungs.

We may here dismiss the subject without attempting to analyze the mode of death. We see that the vomiting, the suppresse dsecretions, the febrile action, the hæmorrhages, &c., to which allopathic medication is directed, are all secondary phenomena, mere external indices of the disease which has its seat higher and nearer to the secret recesses of life. All effort to modify these peripheral derangements without striking at the cause and root of them, is not only useless, but injurious. Allopathic readers may probably not understand this neural pathology of yellow-fever, because none of their favorite indications can be deduced from it. Neither blood-letting, nor calomel, nor quinine, are sanctioned by it. The Homœopath, however, who is not obliged to square his pathology to the

supposed action of his drugs, can get at the pure facts of nature unbiassed by theories of any kind. He has only to find a remedy which shall produce a train of similar peripheral derangements, indicating an action on the nerve-centres similar to that of the disease. Without its producing this, that, or the other physiological disturbance, the disease and its symptoms gradually subside under its administration.

IV. TREATMENT.

Before passing to the homœopathic treatment of yellow-fever, I cannot forbear making a few strictures on the methods by which allopathic physicians flatter themselves they can encounter this formidable disease. No "outsider" could be more severe on the whole school than the adherents of different practices in it have always been, and still are, on each other. They harmonized in little but in blistering the epigastrium, and abusing Homœopathy. There were several theories in vogue during the present epidemic, but they were the old ones revamped, with little revision and no amendment. The wonderful advances in chemistry, physiology, and pathology, gave no new light to the therapeutical management of yellow-fever. The dominant Molochs of allopathy, the lancet, calomel, quinine, and "expectant medicine," each had his altar, and each received a satisfactory quota of victims. We will take a brief glance at these toxicological appliances for the cure of disease, which will hereafter be characterized as having belonged to the dark ages of medical opinion.

The idea of depletion is thoroughly ingrained into the allopathic philosophy of medication. Founded on the plausible fallacy that disease is a state of excitement requiring means of moderation, it proceeds, by perturbating measures, to increase the evil it would remove, or to superinduce other and worse dangers on those already existing. There is no doubt that abstraction of blood will frequently give prompt relief to pain by diminishing the nutrition of the nerve-centres, and thereby modifying and lessening sensibility; but that it impairs the vital powers, disturbs the natural process of cure, complicates the phenomena, makes organic lesions more liable to occur, and retards recovery, is almost unquestionable. Many stan-

dard allopathic authorities have been driven to this conclusion. Professor SKEY, one of the most distinguished of the British physicians and surgeons, asserts in severer terms than even Homœopaths are accustomed to use, that science affords no sanction to the practice of general depletion in inflammatory diseases. He even states that a resort to leeches in peritonitis is, in his opinion, the death-warrant of the patient. Professor BOCK, of Leipsic, expresses similar views, and confesses (a rare specimen of candor!) that the Homœopaths cure the various inflammations of the viscera as well, or better, than the physicians of his own school. The accessory depletive measures, purgation, diaphoresis, &c., are just as irrational as blood-letting, and, as the success of homœopathic practice has shown, just as unnecessary. They arose out of the erroneous doctrine of *crisis*, it being supposed that as diseases sometimes disappear with diarrhœa, sweating, &c., the artificial production of similar states might hasten the cure of the disease. HENLÉ has shown that the so-called critical discharges are only symptomatic, and that many more recoveries take place without than with them. The use of purgatives is, however, sometimes rudely homœopathic, acting on the mucous membrane like a blister on the skin, and curing by indirect irritation.

A resort to the specific action of *mercury* is the forlorn shift of unphilosophic empiricism. *Mercury* is homœopathic to syphilis, dysentery, and may other morbid states which are daily cured by allopathic practitioners on HAHNEMANN's principles. There is, however, no more poignant satire on the medical profession, the meagreness of its knowledge, and the poverty of its resources, than the history of the abuse of *mercury* for the last fifty years. In yellow-fever, mercurialization is the super-induction of another and very different, and therefore not curative, disease on the one already existing. The medical man who, in the present state of science, bases the pathology of yellow-fever on suppressed or retained hepatic secretion, and uses calomel as an "open sesame"—should be delivered over to the cholagogue nostrum-makers; or to a committee of "bilious" hypochondriacs. On this point I cannot do better than quote a learned and able critic in the *British and Foreign*

Medico-Chirurgical Review, (October, 1850: page 426,) in an article on Dr. BLAIR's account of the yellow-fever of British Guiana:

"We are sorry to find Dr. BLAIR contenancing that abominable system of large doses of calomel, which was first recommended on the strength of a crazy hypothesis, and has since been persevered in by some with a tenacity that one can heartily wish had been applied to a better cause. After the first large dose of calomel and quinine, similar large doses were given, so that 'calomel and quinine might be introduced *cito, tuto, et jucunde* (!)' " Dr. DAVY says in a note, "The above treatment by calomel and quinine was tried in the last endemic fever of Barbadoes, and extensively, but I regret to say, not with the same success. It has been tried five hundred times, and it is really too bad to make us go through the same dreary catalogue of calomel—calomel for ever."

The above is the language of the highest allopathic authority, applied to the most prevalent measures of allopathic treatment. Truly, a house divided against itself shall not stand.

Of the *modus operandi* of *quinine*, in large or small doses so little is really known, that its use in yellow-fever is simply a toxicological experiment on the human body, differing from MAGENDIE's scientific cruelties only in this, that the subjects, instead of being animals, are sick people. The supposed resemblance to malignant intermittent no doubt suggested its employment, but it has never commanded the attention or confidence of even a respectable minority of the Old School profession. There is not a tittle of reliable evidence, that it can be rationally indicated in any of the zymotic diseases of which yellow-fever is unquestionably one. I am fully persuaded upon theoretical grounds, (for I was never guilty of the culpable experiment,) that it has frequently accelerated the fatal termination by producing congestion of the cerebro-spinal centres.

The expectant or do-nothing treatment has been fatal enough in the hands of French and Spanish physicians. Dr. BLAIR says that the mortality of untreated cases in British Guiana was about *twenty-nine* per cent. And the apology usually offered for such a vast number of deaths at New-Orleans and elsewhere, is, that a great many had no medical attendance at all, or none in time. These are the strongest negative proofs of the curative efficacy of the homœopathic method; for nothing but purblind prejudice or stupidity can fail to see the inconsistency in the two pleas, that allopathic patients died

because they were left to nature, and homœopathic patients got well for the very same reason. A distinguished Austrian Allopath treated pneumonia with sugared water, and found it much more curative than old-school physic, and honest statistics might reveal the same fact as to yellow-fever.

The Old and New Schools of medicine verge nearer to each other on the question of counter-irritation or revulsion than upon any other point of therapeutics. Many lives, I believe, have been saved in allopathic hands by the indirect homœopathic action of a blister. They still cite the old and exploded explanations—that of derivation of morbid stimulus from the diseased part to the periphery; that of a new impression breaking the concatenation of morbid phenomena; that of another disease incompatible with the one to be cured, &c., &c. The simple fact, intelligible to every tyro in physiology is, that the peripheral stimulus is reflected through the agency of the nervous system, according to its well-known laws, on the diseased part itself, making an indirect but purely homœopathic cure. We do not employ such counter-irritation, because we have found the *direct* homœopathic treatment by attenuated drugs to be much more successful, and quite capable alone of leading the disease to a fortunate issue. Allopathists who dared to experiment, in hope of finding something better than the present dubious measures, have sometimes stumbled upon homœopathic remedies, with which their success would have been much greater had their doses been much less. A case in point is found in Mr. HACKETT's Use of Croton-oil in Yellow-fever. (*Cyclop. Pract. Medicine*, vol. 2, p. 264). The Homœopath who has studied the pathogenesis of that drug will understand Mr. HACKETT's remarks, and believe them much more readily than one of his own brethren. "The power of *croton-oil* in allaying gastric irritability and general nervous excitement, as well as in restoring the circulation to the surface, and thus relieving the congested state of the internal and deep-seated vessels, is really extraordinary; and though it may seem for the moment when first given, to increase the irritability, [homœopathic aggravation!] yet after a little time I have scarcely ever seen it fail in producing the desired end."

The homœopathic law "*similia similibus curantur*," is the

golden chain which unites the whole brotherhood of its believers in a scientific precision and successful harmony of practice. HAHNEMANN'S achievement was not the invention of a mode of cure, but the discovery of a law of nature. Allopathic practice, with the exception of its empirical cures, which have all a homœopathic foundation, is based upon some theory, physiological, chemical, or pathological, and the failure of the method is always proportioned to the fallacy of the medical hypothesis. By the very nature of his system, the homœopathic physician is precluded from the exercise of the theorizing faculty at the bed-side. He has two great series of *facts*—the phenomena of disease, and the effects of drugs upon the healthy. From the latter, he endeavors to select a remedy which produces a train of functional and organic lesions similar to the former. His success depends upon the number, scope, and purity of his facts of both classes. Hence the progress of Homœopathy depends upon that Chemistry, Toxicology, *Materia Medica*, Physiology, Pathology general and special, and all the correlated sciences. It rejects nothing but the worthless experiments upon sick people with poisonous doses of drugs. We need not pause to inquire into the *modus operandi* of our medicines: the sailor had as well disbelieve his needle because he cannot tell *why* it points to the pole. With the means of cure in our hands, we may safely leave to future times the solution of an enigma which will possibly require for its elucidation the concentrated light of a whole cycle of perfected sciences. Gravitation is not the less a fact because its principle is still one of the unsolved riddles of the universe.

If the chill was violent, or persisted long, I ordered *Tincture of Camphor* every ten minutes in drop doses, a procedure eminently successful in Asiatic cholera and in the cold stage of malignant intermittents. The primary action of *Camphor* is still a mooted point in Toxicology. I met not long since in an old book, (CULLEN'S *Materia Medica*,) some interesting facts in proof of the best substantiated view, namely, that its primary effect is a great reduction of animal temperature. The operation of *Camphor* is so evanescent that it in no wise interferes with the efficacy of the subsequent remedies. I

made no objection to hot foot-baths, warm fomentations, and other sudorific appliances, (with the exception of herb-teas,) which the friends were generally anxious to employ, unless I saw that they rendered the patient positively uncomfortable. *Aconite* and *Belladonna* in alternation were the specific remedies for the first stage. Others might be added or interposed to relieve particular symptoms; but these two were invariably employed, covering as they do every feature described as incident to the febrile paroxysm of yellow-fever, and indeed many later and more dangerous phenomena of the disease. To run a parallel between the symptoms of yellow-fever and those produced by these drugs, would be to abstract whole pages from the *Materia Medica*. It is needless to recapitulate what must be familiar to every homœopath; and if I chance to have an inquiring allopathic reader, I refer him to the pathogenesis of those remedies in JAHR'S *Manual*. Nor need I speculate on the pathology of the *Aconite* and *Belladonna* poisonings. They evidently show that profound lesion of innervation, subsequent nervous and vascular erethism, and local determinations to the cutaneous and mucous membranes so strongly characteristic of the yellow-fever poisoning. They are complements of each other in making out the whole morbid picture, and were therefore used in alternation, every half-hour at first, the interval being afterwards lengthened to one, and in mild cases to two hours. In a few cases, I used a drop of pure tincture in half a tumbler of water; but I generally contented myself with five or six drops of the first centesimal dilution prepared in the same manner, of which one tea-spoonful was given at a time. A similar preparation of *Ipecacuanha* was commonly left, to be administered after each act of vomiting, if gastric irritability came on. In very mild cases these remedies alone sufficed, and rapid convalescence left no further need of medication.

When the second stage came on, the cerebro-spinal symptoms disappearing, or being much ameliorated, while the patient complained of nausea, prostration, acid or burning sensations, pain in the abdomen, thirst, restlessness, &c., a change of remedies was demanded. On studying over the symptoms of this stage, ninety-nine homœopaths out of a hundred would

suggest *Arsenic* as one of the main remedies. But, lest my allopathic reader should distrust HAHNEMANN's *Materia Medica*, or JAHR's *Manual*, I will collate from the nearest allopathic authority, which happens to be TAYLOR *on Poisons*, some of the prominent symptoms of the Arsenical pathogenesis:

"Faintness, depression, nausea, with intense burning in the region of the stomach, increased by pressure.——Violent vomiting, of a brown, turbid matter, mixed with mucus, and sometimes stained with blood.——Sense of constriction, with a feeling of burning in the throat, often accompanied by intense thirst.——Pulse small, frequent, and irregular.——Skin cold and clammy, in the stage of collapse; at other times it is very hot.——Respiration feeble, and accompanied with sighing.——Inflammation of the conjunctiva, with suffusion of the eyes and intolerance of light.——Irritation of the skin, accompanied by an eruption.——Exfoliation of the cuticle.——Great nervous irritability.——Intolerable pain in the bowels, with bloody stools.——Great emaciation, want of sleep, urine scanty, high-colored, and passed with an effort.——Suppression of urine.——Strangury and jaundice have been also noticed among the secondary jaundice.——Delirium, jactitation, coma, convulsions."

Finally, the anatomical lesions of *Arsenic* are also remarkably similar to those of yellow-fever. They are the pure, dynamic effects of the drug acting through the nervous system; for it is well known, that its specific effects on the stomach will be produced by injecting the veins, or inserting it into a wound. Mr. TAYLOR says:

"Arsenic is not an irritant poison, it does not seem to possess any corrosive properties, that is, it has no chemical action on the animal tissues, and the changes met with in the alimentary canal of a person poisoned by it, are referable to the effects of the inflammation excited by the poison, and not to any chemical action."

It is no objection at all that *Arsenic* produces many more symptoms than those picked out, and that it cures many diseases not specially related to yellow-fever. A medicine which is capable of producing almost the entire group of yellow-fever symptoms of the second stage, must have a mode of action remarkably similar to that of the disease itself; and it is of that undiscovered, and perhaps undiscoverable mode of action, that the homœopath, in accordance with his curative law, wishes to avail himself.

In looking for a complemental medicine, to alternate with *Arsenic*, in order to fill up the morbid picture, we keep it in view, that it must be capable, chemically or otherwise, of

deteriorating and devitalizing the blood, so as to give rise to hæmorrhages and extravasation, and render it unfit for the nutritive demands of the nervous system. No poisons, animal, vegetable, or mineral, do this more uniformly and effectually than the virus of serpents. With some of these poisons, particularly *Crotalus* and *Lachesis*, we have been made tolerably well acquainted, through the zealous and useful labors of Dr. CONSTANTINE HERING. They are remarkably similar in their action, like the isomorphous substances in Dr. BLAKE's interesting experiments. We chose the *Lachesis*, and the results were so satisfactory, that *Crotalus* was only used tentatively in one or two hopeless cases. I have no doubt, however, that the *Crotalus* would answer the same uses. I employed the fourth trituration of *Arsenic*, and the fifth of *Lachesis*, alternating them, at intervals of an hour. Some few doubts I had entertained about the therapeutic value of *Lachesis* were dissipated by the powerful efficacy of these remedies, in many severe, and some desperate cases of yellow-fever. When *Belladonna* and *Arsenic* produced no amelioration, a change to *Arsenic* and *Lachesis* brought about the desired amendment.

These remedies sufficed for very many severe cases of yellow-fever, but occasional symptoms arose from the idiosyncrasy of the individual or the peculiarity of the case, which called for other remedies. *Veratrum* was very useful in allaying the vomiting and abdominal pains. *Tartar-emetic* succeeded, promptly, in some cases of prolonged and distressing nausea. *Chamomilla* did more for this gastric irritability than its rather mild pathogenesis would lead us to expect, particularly in the cases of women and children. Mustard-plasters to the epigastrium, and cold enemata were also used as palliatives for the nausea and vomiting. Very hot fomentations frequently diminished the excruciating pains in the bowels. When diarrhœa or dysenteric symptoms supervened, *Mercurius*, *Phosphorus*, or *Colocynth* relieved them readily. *Cantharides* scarcely ever failed to remove strangury, and restore the renal secretions, in conjunction with *Arsenic*. *Nux-vomica* was freely employed, as an adjuvant in persons much addicted to alcoholic liquors. *Chamomilla*, *Sabina*, or *Secale* generally caused the symptoms of threatened abortion to dis-

appear. When the strong characteristics of yellow-fever gradually subsided, leaving the system prostrated and torpid, *Rhus* and *Bryonia* were used with good effect. *Belladonna*, *Coffea* and *Hyosciamus* were sometimes indicated at night for nervous sleeplessness. *Millefolium* was used in one case of abundant hæmorrhage from the mouth—and whether it was a coincidence or a cure—the bloody discharge was almost immediately checked. Some of our ultra Hahnemannian brethren may find fault with us for using such low dilutions repeating them so frequently, and sometimes employing three remedies in quick succession. But the malignity and rapidity of the disease, the diversity and frequent incongruity of the symptoms, their Protean forms and treacherous character, warranted us in active and decisive measures. Homœopathic aggravation under such circumstances, is very little to be apprehended, foreshadowing as it does a curative result. A resort to the higher dilutions—6th, 12th, or 30th—after the lower had failed, was attended, in some cases, with the happiest effect.

If the above remedies proved inefficacious; if the patient sank; if the vomiting became worse, with brownish stains in the matters ejected, or any of those various hues which indicated hæmorrhage from the gastric mucous membrane, *Nitrate of Silver* was the remedy, conjoined with *Arsenic* and *Lachesis*. A reference to JAHR'S *Manual* will show the extensive applicability of this substance to yellow-fever. We made a first and second centesimal trituration—all of which we used—and as the latter did just as well as the former, perhaps better, I infer that the action, like that of *Arsenic*, was not topically stimulant, but dynamic. Indeed, what stimulus, in the allopathic sense of the word, can the one ten-thousandth of a grain of *Nitrate of Silver* dissolved in half a tumbler of water, and administered in tea-spoonful doses, give to the whole gastric mucous membrane? A much more *curative* one, I venture to say, than the same remedy would have made in larger doses. As it was, the medicine frequently aggravated; and one patient complained bitterly of the nausea it produced. In her case, this remedy, with *Lachesis*, arrested all the dangerous symptoms, the prominent of which was vomiting of a brownish

fluid, mixed with specks of pure coffee-ground matter. If no improvement was produced by these agents, the case was considered hopeless. One negro woman lived a week after black vomit, apparently, but not permanently rallied by *Nitrate of Silver*, *Carbo-vegetabilis* and *Hydrocianic-acid.*

Strict attention was paid to diet; a point of vast importance in managing the diseases of the blood-making apparatus. Arrow-root, rice-water, and black tea, with a little sugar and milk in it, were the standard articles for the first stage. During the second stage, the canine hunger was sometimes distressing; but besides the above nutriment, we seldom permitted any thing but a tea-spoonful of pure cream, at regular intervals. Ice was allowed, in moderate quantities, for the thirst. During convalescence, the slightest imprudence in eating was apt to induce relapse. I have seen toasted bread, chicken-broth, soft-boiled eggs, &c., decidedly injurious. When the patient is able to pass from the farinaceous articles to something more nutritive, he may be permitted, at once, to chew pieces of good beef-steak. This is much better than beef-tea, because the act of mastication extracts the saliva, and incorporates it with the animal juice, thereby facilitating its digestion. Alcoholic stimulants were seldom given during the disease, or recommended to promote more rapid recovery. Confirmed topers, however, were permitted to use small quantities of their favorate beverages during the latter stages of the disease.

V. RESULTS.

I treated 140 cases of yellow-fever between the 13th of August and the 15th of December, 1853. None of them were cases of ephemeral sickness—nothing but unequivocal, strongly-marked yellow-fever was admitted into the list. Of this number, 71 were white, and 69 colored; of the colored, 39 were blacks and 30 mulattoes. The adults were 93; children, 47; cases in town, 111; cases in the country, 29. Males, 60; females, 80. At least one-half of the cases were very severe, the patient being for several days in a critical and dangerous situation. Of the 140 cases, 9 died. Of these, 6 were treated homœopathically by me from the beginning; 3 came into my hands on the 4th or 5th day of the disease, 2 of them

having employed allopathic measures. Of the six treated with pure homœopathy from the beginning, one case was complicated with abortion and profuse hæmorrhage; another, a cachectic negro, died six weeks after the day of attack, in a typhoid condition—the sequel of yellow-fever.

Dr. F. A. W. DAVIS, the able pioneer of Homœopathy in this region, treated 415 cases, with 24 deaths. The combined result of our practice was, therefore, 555 cases and 33 deaths: a mortality of 1 in 16.87, or 5.94 per-cent. Of Dr. DAVIS' cases, 5 recovered after pure black vomit—4 children and 1 adult. Occasional recoveries after black vomit have been recorded by almost every allopathic writer of any repute, but as nothing of the kind transpired here under allopathic practice during the late epidemic, the restoration to health after such circumstances was ignorantly and presumptuously pronounced an impossibility by the opponents of Rational Medicine. It is both just and proper for me, in this place, to express my obligation to Dr. DAVIS for many practical and valuable suggestions in the treatment of this formidable disease, with which the epidemic of 1837 and 1839 had made him intimately acquainted. He presents the rare spectacle of a medical man, who had acquired a large fortune and wide reputation by the practice of one system, becoming in the middle period of his life a convert to another, and sacrificing the repose to which his wishes and his circumstances invited him, to withstand the odium and misrepresentation which always accompany the propagation of truth.

It is impossible to get any satisfactory statistics which could enable me to compare impartially our results with those of allopathic practice. It is certain that there were at least 430 interments in and immediately about Natchez, besides those which died under our hands, which, divided among 8 practising allopaths, would give the average of 52½ for each. But to come more closely; there were 320 deaths by yellow-fever reported (many who died were not officially reported at all) by allopathic physicians, making an average of 40 deaths under each. It is very difficult to estimate the actual number of cases which occurred. The census taken during the epidemic showed 3416 people to have remained in town. But to

prove the allopathic treatment barely equal to the homœopathic, there must have been 5800 cases in the community. It is altogether improbable that more than half that number occurred within the circle from which the mortuary report was made. The allopathic report of the sporadic cases which occurred this year in Philadelphia acknowledged a mortality of 75 per-cent. And it is perfectly evident that the average allopathic loss at New-Orleans must have been from 20 to 30 per-cent. The triumphant manner in which Homœopathy has passed through this severe ordeal had made a lasting impression upon the South-west. This, however, is but "the beginning of the end." Every successive epidemic will reveal the truth and superiority of the system in clearer light. And when at last its practice becomes universal, as it must and will, an invasion of yellow-fever will not drive the population from their homes nor disturb the commercial prosperity of the country.

Note.—For the greater convenience of our readers, we have tabulated the results of Dr. Holcombe's experience in yellow-fever, and have added, side by side, the results of the late Epidemic in Philadelphia, as reported in the New-York *Journal of Medicine*, (Vol. 12, p. 149:)

	Children	Adults.	Males.	Females.	Total.	Deaths.	Per-cent.
Dr. HOLCOMBE, (hom.)	47	93	60	80	140	9	6.43
Dr. DAVIS, (hom.)					415	24	5.73
Dr. JEWELL, (allop.)	9	35	25	19	44	34	77.27

We are far from desiring to maintain, that this tremendous disproportion truly represents the relative success of the two schools. The cases in Philadelphia, collected by Dr. JEWELL, were from the lower orders, and subjected to unfavorable hygienic conditions; but let any man of fair reasoning faculties and moderate experience, compare the *treatment* of the two schools, and say, whether the difference there discovered may not account for a great part of the difference in the mortality-tables.

"The treatment generally pursued," says Dr. JEWELL (loc. cit.) "in the first stage, was blood-letting from the arms, and

by cups to the back and abdomen, emetics, mercurial purges, diaphoretics, &c. In the second stage, or as soon as a remission took place, which was generally the third or fourth day from the attack, calomel as a sialagogue was administered in some cases; in others Quinia, in three or five-grain doses, every one or two hours. If reäction was not prompt, brandy or wine internally, and local stimulating applications by blisters and rubefacients were resorted to. Quinia in full doses on the first intimation of a remission from fever, appears to have been a favorite remedy. In some cases over seventy grains were administered daily for several days, and, as far as we could learn, without any annoyance to the brain or other organ, (!) but with advantage. In Blockley Hospital, cases were treated without Quinia in any stage of the disease; Calomel pushed to salivation, was the principal remedy employed."

Blood-letting, *emetics*, *mercurial purges*, *diaphoretics*, *quinine*, *salivation*, and last of all, the formidable &c.! No one with the least homœopathic experience can doubt, but that yellow-fever, on proper trial, would be added to the list of those diseases, in which, as in the case of pneumonia, a greater number of patients would survive, and in a better condition, left to nature alone, than subjected to the pernicious scientific guesswork of allopathic medicine. ED.

PROFITING by the sad experience of 1853, the citizens of Natchez very early in the ensuing year instituted a rigid quarantine. The fever appeared at New-Orleans and gradually advanced up the river, invading several places above Natchez—Vicksburg particularly—but our little city was spared an epidemic visitation. This exemption was attributed by the contagionists to the efficient administration of the quarantine restrictions by the health-officer, Dr. L. P. Blackburn, who received and deserved some very flattering testimonials of public gratitude. Nevertheless, a few cases of yellow fever *did* occur in Natchez in 1854, if the experience of several old and able physicians is truthworthy in the diagnosis of a disease, with which they have had many melancholy opportunities of growing familiar. One of these cases was my own; and as the case itself and the attending circumstances possess a certain medical

interest, I shall be excused for dwelling briefly upon the subject. Whether the other cases, reported by Drs. Stone and Lyle, originated in Natchez or elsewhere, whether they were pure yellow fever or not, I cannot pretend to determine: I have nothing to give my reader but the positive, although perhaps partial and meagre, results of my own observation and experience.

Natchez was remarkably healthy during the summer and fall Fevers, remittent and intermittent, were rare, and all that occurred, were of the mildest character. In September, I was called to a plantation on the Louisiana side, six miles below Natchez, where, the overseer stated, a peculiar fever and entirely new to him was prevailing amongst the negroes. He thought it was eminently contagious: none of the negroes had left the plantation within the knowledge of the overseer, so that either the disease had a local origin on the place, or had been contracted from some steamboat, flatboat or raft, which they might have visited secretly for trading or other purposes. Bedding, on which yellow fever patients have died, their clothing, &c., are frequently thrown overboard, and some of these articles may have been picked up and used by the first invalid, but no absolute *fact* was elicited to account for the sudden appearance of the disease. It spread rapidly amongst the people, so that in the course of a month there were between 110 and 120 cases. One white person, residing on the place (there were but two who remained), had yellow fever, fully and clearly developed, hæmorrhage from the gums, brown-vomit, jaundice, sleeplessness, jactitation and all the usual symptoms. The negro cases were almost all mild. The fever lasted from forty-eight to seventy-two hours and convalescence proceeded promptly. In eight or ten of them, however, the disappearance of fever was followed by gastric irritability, hæmorrhages, and all the asthenic signs of the second stage of yellow fever. There was no death, but two cases of a similar disease occurring later on an adjoining estate and treated allopathically, both died, one of them with unequivocal black vomit. Drs. Davis and Foster visited the plantation with me, and we all three concurred in pronouncing the disease a mild yellow fever.

Allopathic incredulity ran high at the report of so many yel-

low fever cases, and mortality reduced to zero. It was in vain, that I cited the literature of many very mild epidemics of the disease in question. Lefoulon, who in a West-Indian epidemic lost but 4 in 400. Dr. Hastings (U. S. Navy), who treated 300 cases, on the coast of Mexico, without one death. Mr. Nagle, of the Royal Navy, who treated 120 cases with but two deaths. Mr. Wilson, of the same, who did not lose one in 83 attacked. Prof. Potter, of Baltimore, who had 400 cases and five deaths. Dr. Walkly, of Mobile, who reported ten deaths out of 336, and many other instances. It was in vain, that I reminded the cavillers that the African race very readily resists the febrile diseases, and that the worst epidemics have often made very little havoc amongst negroes. All evidence was scouted, and the more illiberal of our opponents believed, or affected to believe that the yellow fever *christening* of the disease was gotten up by Dr. Davis and myself for the benefit of Homœopathy in general, and of ourselves in particular. The speedy occurrence of my own violent attack at length staggered the obstinacy of those who were still pervious to rational impressions. My case was no doubt rendered so much more severe than the others by my having slept in the low or swamp lands several nights, whilst the disease was in its stage of incubation. In ordinary times I might have contracted bilious remittent, but as it was unequivocal yellow fever, it was additional and confirmatory evidence of the correctness of our diagnosis of the epidemic prevailing on the plantation.

I was attacked by chilly sensations, spinal rigors and headache, almost instantaneously at eleven o'clock at night, whilst reading, having experienced for several hours before an unusual exhilaration of spirits, wakefulness and inclination to study, although laboring under muscular fatigue from the arduous duties of the day. Next morning I was in high fever, burning hot, with red eyes, and cerebral pain and oppression amounting almost to stupor. The pain in the back was almost insupportable and there was great restlessness. This state continued for forty-eight hours or more without any amelioration. I slept only by snatches and would occasionally start up from a doze to a sitting position in the bed. My mental faculties were sluggish but unimpaired, and I was perfectly aware all through it of the

precise *status* of my disease. The pulse averged 120 all the time, perspiration was partial and brought no relief, bowels constipated, urine very profusely secreted, indicating as it usually does a morbid impression upon the nervous system. On the third evening the febrile symptoms disappeared, pulse sank to 80, soft and compressible, skin perspiring moderately, no pain, no uneasiness, but very wakeful. On the fourth morning I hawked up bloody mucus and there was slight hæmorrhage from the gums for several days afterwards. Four stools now occurred, without pain, consisting of dark venous blood, amounting in all to about a quart. I got up to the vessel each time, although it produced temporary vertigo and blindness. This was very imprudent, and I would never have permitted it in a patient. At near night-fall I vomited, suddenly, with scarcely any previous nausea, watery mucus containing some ominous streaks of brownish blood.

The urine now became scanty and black as porter, and was voided with great pain and difficulty. This symptom annoyed me more than any other in the whole course of the disease. On the fifth morning I felt perfectly well, but weak; and was congratulating myself on my favorable sensations, when deadly nausea seized me and in almost a second, I ejected quite forcibly a considerable quantity of brown-vomit. A portion of it was taken by a friend to Dr. Stone, who tested it and pronounced it to be the peculiar matter thrown from the stomach in severe cases of yellow fever. At this time one unacquainted with yellow fever would have found it difficult to have comprehended the grounds of the unfavorable prognosis which a connoisseur like Dr. Davis would make. A patient lying perfectly free of pain, with abundant perspiration, moist tongue, entirely natural pulse and even some appetite, to be perhaps within a few hours of death, appears almost incredible! but many thousands of cases just like that I have described, have glided off rapidly into delirium, coma, black vomit, convulsions and dissolution. Fortunately, my downward momentum was checked, no more vomiting occurred, I slept tolerably that night, and was pronounced out of danger next morning. My mouth was in a horribly dry, bleeding, fetid condition and my great emaciation and exhaustion just began to be perceived and felt during convalescence. The

bowels were not moved for eight or ten days, but then they seemed in a perfectly healthy state. My improvement seemed to me exceedingly tardy, and severe pains in the joints followed me for a month or two. Instead of the slow pulse I have frequently met with after this disease (even down to 40,) my heart became very irritable and the pulsations ranged from 100 to 120 for six weeks or two months. I made, however, a perfect recovery, and the disease left me with no functional derangement or organic lesion.

The diagnosis of yellow fever is occasionally difficult, when it assumes a remittent or more rarely, an intermittent type, or when, as sometimes occurs, there is no febrile paroxysm in its first stage, and no hæmorrhagic tendency in the second. But whenever a febrile paroxysm is followed by a perfect lull of the symptoms and by the subsequent appearance of jaundice, hæmorrhages, gastric irritability, suppression of urine, or at least dysuria, and a general asthenic condition, the existence of yellow fever becomes an unquestionable fact. Such was my case; and it was reported to the health-officer in legal form as a case of yellow fever. That gentleman, instead of visiting me and satisfying his medical senses of my true condition, inserted a card in the public papers, denying that a single case of yellow fever existed in Natchez, and backed his assertion that mine was not yellow fever, by the potent argument, that the hundred or more negroes, from whom I contracted my disease, had all recovered on "homœopathic nothings;" statistics totally incredible on the supposition that the disease was really yellow fever! Three allopathic physicians visited me, and two of them, Drs. Stone and Lyle, published a card confirming and re-iterating the true diagnosis of the case. Those gentleman believe, that yellow fever originates spontaneously in Natchez every year, and probably viewed my case as a proof of it, but the contagionists, by far the stronger party, will concede, that I contracted it on the plantation, and that the 110 or 120 cases there treated, were bona-fide yellow fever.

In this case it is an interesting question whether the discharge of a pint or more of venous blood on the fourth day was or was not a critical evacuation which promoted the subsequent recovery. It had not been preceded by any marked symptoms of abdominal

congestion and was not followed by any special improvement, as brown-vomit occurred twelve or sixteen hours after the hæmorrhage had ceased. Authors generally have regarded intestinal hæmorrhages as rather dangerous than salutary. We may safely say, however, that if they ever are critical, it is when they occur in the middle of the disease, and cannot be referred to the mere arterial excitement of the first stage, nor to the collapse and capillary paralysis of the last. It is certain that hæmorrhages from the uterus, whether in the shape of abortions or metrorrhagia are exceedingly ominous of a fatal event; although the appearance of the proper menstrual discharge in usual quantity and character may be hailed as the harbinger of approaching convalescence, unless other and very unfavorable symptoms are present.

There are three or four different states of the urinary organs, all of which I have met with, having different pathological relationships and to be carefully discriminated. 1st. Total suppression of the secretion from nervous atony of the kidneys, a symptom common to Asiatic cholera and the oriental plague in their collapsed stage, and which if it persists more than twelve or eighteen hours in yellow fever, is almost invariably indicative of a fatal issue. 2d. An inflammatory condition of the renal parenchyma, in which we may have albuminous urine, bloody urine, discharges of pure blood, or a retention of urine in the cortical portion, the tubuli uriniferi being blocked up by exudation-matter, preventing its passage into the bladder. 3d. A retention of urine in the bladder from morbid condition of the sphincter and urethra, indicated by urging to urinate without success, or with only the dribbling of a few drops and accompanied by pain about the pubes and along the canal. 4th. Paralytic retention, the organs being all structurally healthy, but the sentient nerves about the sphincter not responding to the usual stimulus. 5th. An immense secretion and discharge of deep yellow, brown or quite black urine, mixed or not with bloody specks and epithelial matter, and clearly eliminative in its character. I have adduced these phenomena not only as forming part of the natural history of yellow fever, but also to illustrate the absolute necessity of thorough pathological knowledge to the Homœopathic practitioner. In the first class here mentioned he would use such remedies as

Arsenic and Carbo, in the second he would select Belladonna and Cantharides or Cannabis, in the third he would rely upon Nux-vomica and Pulsatilla or Mercurius, in the fourth he would draw off the liquid by the catheter, and in the fifth he would leave nature to rid the blood of bile, urea, yellow fever-virus and all, by the great emunctory for poisonous substances. When such is our true and just appreciation of pathological knowledge, it is galling to intelligent and honorable men, that the allopathic farrago of guess-work should pass current as *medical science*, whilst the only rational application of Pathology to Therapeutics is denounced as puerile and visionary.

Quarantine was again established at Natchez early in 1855, but it is generally conceded that its execution was not as rigid as it had been the year before. The enforcement indeed was attended with great difficulty. Persons would land below or above the city and find their way into it. When the roads were vigilantly watched, they passed through the woods and across the plantations. In August it was rumored that yellow fever was in the city, but our practice presented nothing approximating to it, but cases of mild bilious remittent. In the first two weeks of September we had ten or a dozen cases of yellow fever, all traceable to infection from one gentleman who had remained forty-eight hours on the quarantine boat and then came into town. After that the disease became fairly epidemic, and it was impossible to trace the origin of any given case. Such was my limited observation as to its appearance this year, and I neither saw nor heard any thing of trustworthy nature to militate against the theory of direct importation.

In No. XII. of the North American Journal of Homœopathy I presented a monograph upon yellow fever, containing a somewhat detailed account if its symptomatology and therapeutics, as it was seen and treated by Dr. Davis and myself in 1853 at Natchez. It is not my purpose in this place to go over the same ground, but rather to give some supplementary experiences derived from the observation and practice of last year and the present. Preferring the latitude of a clinical lecture to the studied form of an essay, I shall narrate two or three cases of considerable, interest and make such comments as will elucidate important features of the pathology and treatment.

Case 1st.—Mr. R. W., aged 38, stout, of bilious temperament, was attacked Monday morning, Sept. 3, with a severe chill. Nevertheless he walked half a mile to assist some sick friends and I was not called until late in the afternoon. He had been in Baton Rouge, where there was some fever, six weeks before, but the friends he had been nursing had the disease derived from the source above indicated. I found him with intense fever, burning hot skin, pulse 130; face very red, eyes deeply suffused, pain in the head and back very great, scarcely any in the limbs, occasional nausea, urgent thirst, and that kind of bronzed, stolid, dejected aspect so ominous in severe tropical fevers, and also in cerebral typhus. I ordered a mustard foot-bath, copious draughts of ice water, and gave *Aconite* and *Belladonna* alternately every hour.

Sept. 4th.—Patient had spent a restless, sleepless, miserable night although he had perspired freely almost all the time. Fever was reduced, pulse 90, soft and compressible, head and back still aching badly. The tongue was furred white with red edges and a brown dry streak in the centre. The eyes were very much bloodshot, and there was some photophobia. There was slight epigastric tenderness and constant thirst. Put him on *Belladonna* and *Arsenic* hourly.

Evening of the same day. Pulse had risen to 120, but was not so full and hard as before. The other symptoms were about the same, but he complained bitterly of a pain in the left side just below the heart, not aggravated by respiration. Ordered *Arsenic* and *Bryonia* alternately every hour.

Sept. 5th.—Morning. Found a decided remission. The patient had slept nearly all night. The skin was soft and moist. Pulse 80. Headache continued, but was less; pain in the back and limbs entirely gone; injected, muddled state of the eyes unchanged; slight nausea. A cold water injection brought away a copious and natural discharge of fæces. The urine had been all along scanty and high colored. *Med. cont.*

Evening. Fever rose, pulse 100, thirst very great, little pain but quite restless. He was making occasional efforts to vomit and seemed nervous and agitated. I permitted a mustard plaster to the epigastrium and gave *Belladonna* and *Arsenic* hourly.

Sept. 6th.—Morning. He slept quite well last night. Pulse 84. No nausea or thirst. Mental faculties sluggish; face and eyes still injected. Dark sordes about the teeth; offensive breath; abominal tenderness more marked. I put him on *Rhus* and *Bryonia* every two hours to meet the supposed typhoid tendencies. Having no reason to suppose that yellow fever was in town, feeling well assured of the security afforded by quarantine and deceived by the occurrence of distinct remissions and the absence of jaundice, hæmorrhages, urinary disturbance and any unusual degree of jactitation and pervigilium, I had mistaken this case for one of severe bilious remittent. But I was called to him about noon because he had twice vomited some glairy matter considerably specked with blood. The gums were bleeding a little. He had also hawked up some mouthfuls, of pure blood, as if from some small vessel ruptured in the pharynx or fauces. He expressed himself as feeling perfectly well, but complained of eructations, which were intensely acid; I detected yellow fever at once and put him upon *Arsenic* and *Lachesis*, every half hour. Before bed-time he passed a small black stool without effort or pain. I left *Hyosciamus* to be given intercurrently, if he was restless.

Sept. 7th, morning. Patient much worse. Skin perspiring freely, with a clammy, sodden feel. No more vomiting or stool, respiration regular and easy, pulse 80 and of good calibre, tongue moist and almost clean. He had rolled from one side of the bed to the other every twenty minutes or half hour during the night, uncomplaining, but muttering a little in his sleep. He still had an acid stomach; he hiccoughed every few minutes. On asking him if this symptom was painful; he answered, "yes, when it runs on from nine to thirty-five days," with a sardonic smile, the first his face had assumed since his illness. This little evidence of mental incapacity I looked upon as of very bad augury; *Arsenic* and *Lachesis* continued.

Noon. Hiccough had ceased, but he was quite restless. His face was brighter and he was more disposed to talk, expressed himself as perfectly easy and confident of recovery. His intellectual faculties were however slightly aberrant. He was constantly swallowing or clearing his throat and said that phlegm collected in it. A little molasses-like blood exuded

from the corners of his mouth. The renal secretion was not interrupted, but it remained almost natural, there being no elimination of morbid matter by that channel. He had passed by stool a tablespoonful of very black blood, which became red on exposure out of doors. There was a gurgling sound occasionally proceeding from the abdomen. His fingers and toes were cold. I considered the case as hopeless, but put him on the *Nitrate of Silver*, in very appreciable doses every half hour.

About two o'clock, a lady present asked him if he felt any nausea. He replied "none at all," and the next moment ejected a large quantity of black vomit, with a hiccoughing motion, over the bed-clothes. After that he tried persistently to keep it down, by swallowing it, and the attendants had to wipe it constantly away from his mouth and chin. I saw him at four, when he was pulseless and comatose, nearly cold, and tinged deeply yellow. He died at eight o'clock, P. M., in convulsions. An obligatory summons into the country frustrated my intention of making a careful post-mortem.

The reader will notice the distinct morning remission of the arterial excitement which occurred in this case. Now was this case originally bilious remittent which became converted into yellow fever, yielding to the epidemic constituton of the atmosphere, was it yellow fever itself of a remittent type, or was there a coincident action of the two diseases upon the same system? Those who consider yellow fever as a modified bilious remittent, endemic to this latitude and longitude, will adopt the theory of mutual convertibility, whilst those who regard it as a specific disease, imported from abroad, but engrafted here, with many peculiarities of our own autumnal fevers, would pronounce the case yellow fever of remittent type. I cannot undertake to decide between the very high authorities who advocate these respective opinions. I can only say that the result of my own study and observation leads me to coincide with the last named party. I have met several cases like the above, and even with cases of yellow fever presenting strong resemblance to severe intermittent, and yielding readily to Quinine, whilst their entire history and course did not leave a doubt on my mind of their specific yellow fever character.

This death occurred on the evening of the fifth day, a very

fatal period in the history of yellow fever. The same day was fatal to the late Dr. James D. Bratt, of Waterproof, La., whose post of professional labor I have taken. Unfamiliar with the disease, he mistook the deceptive lull on the third day for beginning convalescence and not only quit taking medicine, but very imprudently moved about his room. That night his friends noticed some little mental aberration and summoned me from Natchez. He passed the fourth day comfortably, but complained towards night of acid stomach and passed one or two loose, inky stools. On the fifth morning he vomited a good deal of claret-colored water, and died comatose before night. He experienced no pain or uneasiness after I saw him, but the black stools, the jaundice deepening in large patches, the sluggish, apathetic expression, the acid stomach, the flatulence and borborygmi, the increasing restlessness, with the occasional desire to get up and go out of doors, all made a picture of frightful omen to the experienced eye. And here I feel impelled to pause and pay a brief tribute of respect to his private virtues and his professional worth. Thoroughly trained in his profession and faithful in the discharge of its duties, affectionate and sincere in his character, quiet and unobtrusive in his manners, he had won the respect and cordial support of a generous and intelligent community. In the bloom of youth, in the high road to success and happiness, he was cut down by the angel of death, whilst standing boldly and faithfully at a responsible and dangerous post. He is numbered with that band of zealous homœopathic pioneers who have advocated the cause of truth against the mighty current of false popular opinion, and have died, in great part misrepresented and misunderstood, leaving their memorial to the tardy justice and applause of better and wiser times.

Two other deaths by yellow fever occurred in my practice this year, and about both of them there was something anomalous. An old German who had just lost his wife by yellow fever, was attacked with great severity. If the disease had not been epidemic I would never have suspected him of having it. The case was more like that of a young Swiss I once saw, just landed from the old country, who was attacked with *nostalgia*, a dreadful home-sickness paralyzing the vital powers, and died in few days of cerebral typhus. The old man had a burning fever

and great restlessless, but there was no other pathological element apparent in the case. He was constantly wringing his hands, calling on his deceased wife, muttering prayers, or talking about his country. When asked the seat of his pain he would say that he was "*heart-sick*," "sick all over." He had no jaundice, no hæmorrhages, no yellow fever aspect, smell, or urinary difficulties. The fever left him suddenly about the middle of the third night and he died before morning with black vomit. The other case was that of a bright, beautiful little boy, aged three years. I saw him on the second morning of the disease. He had manifested so little sickness that no alarm whatever was felt about him. He was lying quiet, rational, pulse soft and rapid, skin moist and pleasant. In the afternoon he was nauseated, and I noticed that his pupil was dilated. He vomited a brownish matter and afterwards appeared sleepy and stupid. He died suddenly just about night-fall, having ejected black vomit. This was the most rapid and violent case I ever witnessed. We stand in impotent silence, when asked why a disease which was prevailing around the spot in its mildest form should burst with such concentrated fury upon a bright little creature remarkable for physical and mental development and surrounded by all the comforts and conveniences of life.

Case 2.—Miss E. S., a young lady, aged 15, of fine physical constitution and resident in the country. Her case was the third in the house. The first person attacked had visited an infected house in town, but the case was so mild and so much like common remittent, that yellow fever was not suspected. The second case was severer, but still supposed to be remittent, complicated with a customary violent neuralgic headache. The first case detailed above had just assumed unmistakeable yellow fever symptoms, and I suspected this to be one, when first summoned. She had a slight feeling of coldness in the morning of *Sept. 6th*, accompanied by considerable pain in the shoulders. Towards noon fever arose. I saw her in the afternoon. The skin was very hot, pulse 120, full and tense, headache and backache very severe, tongue furred white, with the characteristic red edges and apex. Her eyes were reddened and watery, indeed streaming with tears when exposed to the light. She was

very sensitive to sound, restless and sleepless. Prescribed *Aconite* and *Belladonna* alternately every hour.

Sept. 7th, at noon. She had passed a miserable night. Headache and backache undiminished. Skin was moist and pleasant; pulse about 100 to the minute. The yellow fever smell strongly marked. Eyes still very red and sensitive. Ordered *Belladonna* and *Arsenic.*

I was called to her during the night. All pain had left her, but she complained of deadly nausea. She had vomited some specks of blood in a watery mucus and was very restless. The kidneys and skin were acting well. I put her on *Arsenic* and *Nitrate of Silver* alternately every hour. Towards morning she vomited about a pint of dirty-colored water, abundantly flecked with little brown flocculi, floating about like bees' wings, broken up, or dark cob-webs. When the water was drained off, these flocculi would trail as it were against the sides of the basin spread out, and present an exceedingly fine granular appearance and a black color. The patient complained before ejecting it of a raw, burning sensation down the œsophagus and of a lump in her throat. This last sensation is a very frequent one in severe cases of yellow fever. You are sometimes told that the lump has moved down about the middle of the sternum, and sometimes into the stomach. It reminds you of the *globus hystericus*, but there is nothing hysterical about it here. Indeed, when a yellow fever patient complains bitterly of acid stomach, of phlegm collecting in the throat, of a sensation of a ball or lump in it, of a burniag sensation down the œsophagus, and of "queer" or "funny" feelings in the abdomen, from which occasional gurgling sounds proceed, however natural the pulse, tongue, skin and all the secretory functions, you may apprehend the speedy appearance of brown or black vomit.

Sept. 8th.—She passed a comfortable day; no thirst, no pain, only one or two transient spells of deadly nausea. She was put on *Arsenic* and *Lachesis* all day. At night she became very restless, complained of a terrible burning pain in the middle of the abdomen. She vomited the muddy looking water, full of chocolate or brownish flocculi, three or four times during the night. The nausea was of the most deadly kind, comparable only to that produced in a novitiate chewer of tobacco. I tried both *Lobelia*

and *Tabacum*, but they did no good. I kept her then on *Tartar-emetic* and *Arsenic* half-hourly. The acidity of the stomach was a prominent symptom during the night. Several times in the night the skin became cool and the pulse rapid, from 130 to 140. Towards morning she complained of severe back-ache.

Sept. 9th.—The back-ache disappeared this morning, having been relieved by a profuse menstrual discharge. Her catamenia were commonly irregular and scanty. I hailed its appearance as salutary, especially as coincidently, the pulse came down to 80, the kidneys acted freely, the mind became active and cheerful, and some appetite returned. At night the paroxysms of deadly nausea re-appeared. I tried an ice-water injection, which is very frequently productive of relief, but it excited severe rigors and subsequent, but transitory fever. It was followed by one more, but a smaller ejection of the brown matter. *Tartar-emetic* relieved her promptly, and after a dose or two of *Ignatia* she passed pretty comfortably the latter part of the night, sleeping most of the time.

Sept. 10th.—Doing well, as regards the yellow fever symptoms, but the uterine flux was very profuse, and there was some little menstrual colic, nausea, and nervous restlessness, all relieved by a few doses of *Chamomilla*. At night the restlessness returned, but yielded to Belladonna 200, after which she slept five or six hours. She convalesced slowly but thoroughly from that time. The jaundice in this case was very slight.

This case presented the very dangerous symptom, which for the sake of accuracy and to distinguish it from a subsequent and more fatal degree of the same sign, I have called the *brown-vomit*. Our allopathic neighbors are very skeptical as to the recovery of any really severe case of yellow fever under homœopathic treatment. Nature, by some cruel distribution of her favors, assigns a vast proportion of the mildest cases to the homœopathic physician! Our fatal cases even might have been saved by a dose of Calomel, a little Quinine, a bowl of infallible orange-leaf tea, or the "judicious" application of a blister; and all the other cases under our charge were merely ephemeral! Such are the fancies or bare-faced assertions, which allopathic physicians endeavor to impose upon the public mind. Accordingly when I assert, that one case of *black-* and three cases of

brown-vomit had recovered this year under my practice, they either dispute the facts, or gravely deny the existence of any such thing as brown-vomit and insinuate that through ignorance, inexperience, or perchance design, I have characterized the harmless effusion of blood or bile as a symptom of dreadful import. To refute such as know better, and to inform such as do not, I will quote a few paragraphs from La Roche, the latest and best allopathic authority upon the disease in question.

"The black vomit, notwithstanding its name, is rarely of a black color. As seen in this city, it is more frequently of a dark-brown, bistre, chocolate, or umber-hue. In some instances the color approaches to a dark slate or to a muddy claret. It is of two kinds. The one consists of a number of dark, flaky particles, which have been not unaptly compared to butterfly or bees' wings, and which gradually assume the appearance, with more or less distinctness, of the grounds of coffee, of soot, or of finely powdered charcoal, floating in a quantity more or less considerable of thin, glairy fluid, bearing a slight resemblance to a weak infusion of flax-seed or green tea. The flakes are at first, or throughout the milder forms of the disease, limited in number and of a light or greyish, slate or chocolate tinge. But as the disease advances, and especially in the more malignant cases, they increase in number, and become darker and darker until the whole appears uniformly blackish or even black. The fluid, though homogeneous in appearance when first discharged, soon separates on standing into two parts; the one consisting of the flaky or coffee-ground matter already mentioned and the other of the fluid in which it was held in suspension."

"The other form of the black vomit is more homogeneous in character and presents the appearance of dark colored or inspissated mucus, or thin tar, or of a thick mixture of molasses and water." (Vol. 1, p. 289.)

Sir William Pym describes it under two forms, one as a brownish fluid resembling dirty-water, mixed with a dark colored, flaky matter, which floats on the surface, and the other as a thicker, more homogeneous material, resembling coffee-grounds or thin pitch. It is needless to quote the crowd of authorities cited by Dr. La Roche, which prove that there is a flaky brown vomit generally preceding the inspissated black vomit. As

long as the matter ejected has distinct flakes or flocculi floating in a whey-colored, claret-colored or porter-like liquid, the solid and fluid portion being separable, I call it *brown-vomit* and consider the patient by no means in a hopeless condition. It is generally attended with considerable nausea, retching and indescribable malaise. But when a homogeneously turbid, black fluid is gulped, pumped or even squirted up, with no nausea or bad feeling, it is *black-vomit*, and scarcely one in a hundred such cases recover. I draw the distinction for the sake of scientific precision, in order not to claim more for our treatment than the exact truth would warrant, but if the allopathic fraternity will ignore the line of demarcation drawn in the spirit of candor, and call every dark substance ejected in yellow fever, not evidently blood or bile, black vomit, so be it! then have four out of eight cases presenting that dreaded symptom recovered this year under my homœopathic treatment.

The above cases are fairly typical of yellow fever and are quite sufficient for the purpose of the present essay. There was one case of relapse, which for its peculiar interest I am almost tempted to detail, but it would involve considerable repetition of the ground already gone over and its peculiarities may be told in a few words. The gentleman had been up and about for nearly a month, but he was very imprudent both as to diet and exposure. His relapse resembled his first attack, violent chill, followed by fever, of several days' duration, &c., but accompanied by severe pain in the stomach, excited no doubt by a quantity of peccan-nuts he had eaten a few hours before the chill. I saw him on the evening of the fourth day. He had intense burning pain from the epigastrium to the fauces. That night he had brown-vomit which continued occasionally during the next day. On the sixth day he had black vomit, and towards night became delirious. In the night he became comatose, hiccoughed every minute or two, his hands and feet became cold, face and forehead bathed in cold, clammy perspiration, pulse weak and rapid, breathing exceedingly slow and rather stertorous. An injection procured a small stool black as ink; and the urine, which had been profuse, of a porter-color, and slightly bloody, become suppressed. The case was looked upon as entirely hopeless, and a metallic coffin was ordered from Natchez. It arrived,

but he was not destined to occupy it. I left off the *Arsenic* and *Nitrate of Silver* and put him upon *Sulphuric-acid*, diluted to about the strength of good lemonade, and given every fifteen minutes. This was done at the suggestion of my friend and colleague, Dr. J. C. Peters, of New-York, who, in a letter, had called my attention to the homœopathic appropriateness of Sulphuric-acid to hæmorrhagic gastritis, particularly when large, blackened shreds of mucous membrane had been ejected, as had happened in the present case. Simultaneously, however, I had him rubbed with oil, hot as could be borne by the hand. The physicians of Santa Cruz, Carthagena, Havana, Vera Cruz and Cadiz have reported many cases of black vomit recovering after repeated frictions with hot oil, and I thought it at least worth the trial. The patient fluctuated between life and death, for thirty-six or forty-eight hours, but finally his consciousness returned, an immense secretion of black turbid urine occurred, and gradual improvement went on. He was in a deplorable typhoid condition for some days, but under the use of *Rhus*, *Bryonia*, *China*, &c., and cautious stimulation, he made a perfect recovery. The quantity of black vomit ejected was immense, and altogether disproportioned to the moderate measure of liquid taken.

I can confirm and reiterate, from subsequent experience, the curative value of *Aconite* and *Belladonna* in the first, and of *Arsenic* and *Lachesis* in the second stage of yellow fever, as reported in my account of the epidemic of 1853 at Natchez. I do not now wait for dark matter to be ejected before giving the *Nitrate of Silver*, but use it when there is burning sensation, flatulence, acid stomach, and the "white," "acid," or "precursory vomit. I am almost inclined to rank the *Tartar-emetic* with the Arsenic, their pathogenesis and curative action being quite similar. But I would especially call attention to the importance of some *adjuvantia* to our treatment, viz., the strict maintenance of the horizontal position, the free use of ice or ice-water, the application of cold water bandages to the abdomen, continued even for days, the propriety of nutriment and stimulation in the second stage by pure cream or by beef-tea injection, and after the ejection of brown matter by iced champagne, the necessity of free ventilation and of close watching, particularly

between midnight and daybreak, ice-water injections for deadly nausea, mesmeric passes for nervous irritability and restlessness, and lastly the energetic use of frictions with hot oil in apparently desperate cases..

It is worth recollecting that *Nitrate of Silver* changes the black vomit to a cream-white color, and that if used in large doses, one might be led to believe, that the hæmorrhage had been checked, when there was only a chemical decolorization. Black matter is very frequently found in the gastric and intestinal glandulæ, in the air-cells, &c. as a pigmentory deposit, produced, Dr. Handfield Jones supposes, by the exudation of a fluid containing hæmatine. The exudation-matter is really blood, and the hæmatine or hæmatoïdin, as Virchow calls its crystalline forms, is blackened by the action of the acids, with which it meets, sometimes the carbonic, but mainly in yellow fever, the hydrochloric, or as my worthy old preceptor, Prof. Hare, used to insist upon calling it, the chlorohydric. It is not probable, that Nitrate of Silver in the $\frac{1}{1000}$th of a grain will produce such chemical decomposition in sufficient quantity as to decolorize the black vomit. Certain it is, however, that it sometimes seem to arrest it, and from its pathogenesis I cannot but believe its action to be dynamic and homœopathic. It has been used occasionally by Allopathic physicians. One declares, that it arrests the hæmorrhage, another thinks it checks the vomiting, a third pronounces it good for hiccough, &c., but they have all used it in too large doses or combined with other, and very objectionable remedies, so that their evidence is worth very little, is unsatisfactory, sometimes contradictory, and the profession at large has not been induced to try it. There are many other remedies, which promise to prove homœopathic and curative to the second stage of yellow fever, amongst which I may suggest Phosphorus, Sulphuric-Acid, Hydrocianic-Acid, Oxalic-Acid, Croton-Oil, Creosote, Turpentine, Nitrate of Potash, Hamamelis and Carbo-vegetabilis. When the diagnostic differences between these and other similar drugs are thoroughly and delicately appreciated, I cannot doubt that our treatment of yellow fever will be made much more scientific and successful than it is at present.

A voluminous treatise in two very large octavo volumes, con-

taining more than 1400 pages, has recently issued from the press, entitled, "Yellow Fever, considered in its Historical, Pathological, Etiological and Therapeutical relations: by R. La Roche. M.D." It is what the lawyers would call a "digest" of the whole subject. So extensive is the bibliography of yellow fever, that it requires forty-five pages of the work to catalogue the sources, whence Dr. La Roche has derived his information. In display of erudition, lucidity of statement and fidelity of execution it compares favorably with Dr. Drake's immortal work on the Diseases of the Great Valley of North-America. It is probably the most extensive and valuable monograph which has yet been added to medical literature. It should grace the library of every physician resident in latitudes where yellow fever is likely to prevail. I commend it especially to the Allopathic physicians of my own vicinity, who have endeavored to impress sundry fallacies upon the public mind, for example, that yellow fever never presents the remittent or intermittent types, that the tongue and pulse afford reliable indi cations of the true state of the patient, that scarcely any recoveries after black vomit have been recorded, and that the mortality under Allopathic treatment is not so great as is commonly supposed. They will find much in these pages, if they are candid and teachable, to enlighten their understandings, diminish their arrogance, soften their self-conceit and infuse a wholesome doubt as to the real efficacy of any one allopathic measure yet proposed in the treatment of this formidable disease.

Whilst the homœopathicity of certain articles to yellow fever is still on our minds, we will quote a single suggestive paragraph from this immense store-house of facts. "Black vomit has not unfrequently resulted from the action of various poisons. That such is the case in regard to Arsenic, we have the testimony of Sauvages, of Dr. Edward Miller, Dr. Waring and Dr. Shecut. Poisoning by corrosive sublimate and verdigris has been known to result in the ejection of a similar matter from the stomach. Dr. Monges mentions an interesting case in which similar effects followed the ingestion of a large dose of Carbonate of Potash. I have known a very analogous effect produced by a quantity of borate of soda, swallowed by mistake, the patient becoming jaundiced and throwing up more than a

pint of black matter bearing a close resemblance to that ejected in the last stage of yellow fever, to say nothing of pain, fever, precordial distress, &c. Vegetable poisons of various kinds are reported by good authorities to have occasioned like effect. We know also, from olden times, that animal poisons, those of the viper, scorpion, &c. (such as Lachesis), produce occasionally effects of the kind noted above. It was long ago found, and has recently been insisted upon by Dr. Mitchell of this city, that fungi of various kinds possess the power of producing phenomena somewhat akin to those of malarial fevers generally, but more particularly to those of the yellow fever, and among them figures the black vomit. The ejection of a similar fluid from the stomach or bowels is often found to follow the introduction of putrid substances into the circulation." (Vol. 1st, page 266.)

Dr. La Roche has been indefatigable in collecting opinions and facts bearing upon the pathology of yellow fever, but his mind lacks the analytic, generalizing and constructive power, which is necessary for true philosophic induction. He adduces arguments for each, and all of the various theories: for that of gastritis, for that of hepatitis with fatty degeneration, for that of general inflammatory action of the vascular system, for that of cerebro-spinal meningitis, for that of progressive blood-poisoning, and for that of primary nervous adynamia, &c. He then parades forth all that can be said on the contrary and settles down into a kind of negative, conservative, indefinite amalgam of opinion. All that he cites or says, only confirms me in the belief of the neural pathology of yellow fever propounded in my former essay. I need not repeat here what I there adduced in detail. The yellow fever-virus, or -effluvium is most probably a subtile material substance, as attenuated in all likelihood, as our 3d dilution. It is taken into the lungs in respiration, and thence gets into the blood. Like our medicines in attenuation, this poison, whether animalcular or fungoid, takes some time of silent modification before its effects appear; the stage of incubation varying according to individual idiosyncrasy, from one day to six weeks. Like our attenuated medicines also, its first effects are functional disturbances, the organic lesions coming on afterwards as secondary symptoms. The

molecules of the virus act on the nerve-centres, when circulating in the current of blood, just as atoms of *Aconite* or *Arsenic* operate on those centres. The blood poisoning is probably the first effect. The blood stands in as much need of what we call *innervation*, as the lungs or heart or muscles do. Hydrocyanic-acid and sunstroke poison, defibrinize and dissolve the blood by a morbid impression on the cerebro-spinal and the ganglionic centres; so does the yellow fever virus. The abdominal blood now reacts on the nerve-centres, and nutrition and innervation being both wofully impaired, we soon get the organic lesions, from which yet another train of reactions may arise. The universal influence of the nervous system in the animal economy, either causing or promoting and directing every motion and every secretion in the body, is alone sufficient ground for fixing our eyes upon that system as the *fons et origi mali* in almost all diseases. I confess I do not understand Dr. La Roche's physiology, when he speaks of "ascending *higher* in the scale of morbid action than the nervous system. You had as well tell me to ascend higher than the sun for the cause of those physical, chemical and elemental changes occurring upon the planets.

In the chapter on Diagnosis, Dr. La Roche curiously enough omits a comparison of yellow fever with dengue. If any one will read Dr. Dickson's account of dengue, contained in his Practice, vol. 2d, pages 605—624, he will be struck, notwithstanding the Dr's. assertions to the contrary, with the remarkable similarity of this tropical disease to the yellow fever which has prevailed of late along the banks of the Mississippi. It has a first or inflammatory stage characterized by intense muscular and articular pains, suffused eyes, headache, high fevers, and great restlessness. After two or three days of violent suffering, a complete lull, or deceptive interval occurs. The patient is in free perspiration and thinks himself well. But in twelve or twenty-four hours gastric irritability appears, with jactitation, sleeplessness and sense of insufferable oppression. These diminish in a day or two on the appearance of a cutaneous rash, somewhat resembling scarlatina. The disease leaves the patient greatly debililated, with weak stomach, and long-continuing pains in the joints. It was, according to Dr. Dickson, eminently contagious, it spread with the rapidity of influenza, attacked

adults and children, natives and strangers, whites and negroes. It recognized no difference between high and low, wet and dry, healthy and unhealthy localities, and spread, though to a limited extent, into the country. Moreover there was occasional hæmorrhage from the gums and fauces, and pregnant women were very liable to abortion. Surely here are strong features of family likeness. The points of diagnosis are these: the predominance of arthritic pains in the first stage of dengue; the uniformity of a cutaneous eruption in the second, accompanied by a second paroxysm of fever, the paucity of symptoms of any blood-deterioration, its earlier appearance, its more rapid diffusion, its low rate of fatality and the non-exemption from second attacks. Dr. Dickson writes of the disease as if its outbreak in 1827—28, was its first and last appearance and its history belonged to the past alone, but the disease has repeatedly occurred in the south-west during the last ten years. An epidemic of dengue prevailed at Natchez in 1848, which some physicians confounded with mild yellow fever. These facts and the very great diversity of yellow fever symptoms at different times and in different places, make the correct diagnosis a point of some interest.

Dr. La Roche devotes 200 pages of his second volume to an elaborate consideration of the etiology of yellow fever. He is a little pedantic in his division of proximate causes into percepta, ingesta, applicata, gesta, excreta and circumfata, but he treats us to an immense variety of facts and opinions. One is struck immediately with the contradictory and uncertain character of most of the reports. Electrical changes produce the epidemic at one place and time, but are totally inert again and elsewhere. Heavy rains are adduced as causative by one writer, and as wholly inert or actually dispersive by others. High winds have a great deal to do with its appearance according to some and nothing at all to do with it according to others. Any and every thing is seized upon as causative, according to the imagination, fancy, or preconceived opinion of the observer, from fear, anger, intemperance, and sleep, down to wet feet, gambling, sprains, and the eating of three oysters! There is nothing positive and definite in all this pile of literary lumber; not one proposition which others have not scouted, not one affirmation which many

others have not denied. It is not surprizing that Dr. ALISON of Edinburg in a recent interesting essay on the exciting causes of epidemics, should have come to the conclusion that we know little or nothing about them, and that there must be influences at work both in man and nature, which have never been recognized, nor even "dreamed of in our philosophy." When we deal in physical or chemical matters, our observations are not discordant but corroborative, and the results of experiment are nearly or quite identical. Astronomy, mechanics, optics and chemistry have fixed, beautiful and immutable laws. It is only when we enter the mystic area of *vitality* that every thing becomes doubtful, indefinite and unsatisfactory. Nor is it difficult for those who have looked deeper than the phenomenal surface to detect the true reason, in the material and naturalistic opinions and tendencies of the age, which supposes that in the molecular changes of matter lies the all of human knowledge, ignoring the very existence of those subtile, invisible, all-pervading and spiritual essences and powers which constitute the life of the universe and are the primary causes of all its phenomena.

Dr. LA ROCHE gives 400 pages of his work to the consideration of the great question of contagion. He is a thorough non-contagionist and appears to uphold his opinions with great learning and plausibility. We confess we have not yet read this part of the book attentively and consecutively. We have no taste for medical polemics and argumentations. We have glanced over it enough to perceive that his strongest points are negative in their character, and that he is strongly biased not to do exact justice to his opponents. For ourselves, we have seen enough this year alone, to say nothing of the two years previous, to convince us immovably that the yellow fever we have to deal with here on the banks of the Mississippi is a palpably contagious disease, communicable by contact of persons, clothing, &c. This little village of Waterproof, La., never presented a case of it until this year. It has raged above and below us, but never appeared amongst our population. The autumnal remittents and malignant intermittents, when prevailing here were never known to turn into yellow fever or be mistaken for it. A stranger from New-Orleans, sick of the disease, is landed from a boat.

He convalesces and leaves, but in the course of a week others are taken, and very soon the constantly increasing virus infects the whole atmosphere and we have more than a hundred cases in the course of a month. A gentleman residing several miles out of Natchez rides into town to see his brother's family, sick of yellow fever, assured by the physician of its perfectly non-contagious nature. In a few days he sickens, next his wife, then the chambermaid, then a daughter who nursed them, then a woman brought in from the field to supply the place of the chambermaid, then, other children, and so on, until twelve or thirteen cases occur; all the persons on the place being exempted, except those who came near the sick persons or the sick rooms. A negro accompanying his young master to college is taken sick one night at a gentleman's country-seat—remote from all towns and public roads where every body is and has been for weeks in perfect health. He gets well and goes away, but several of the family who were with him sicken, and three die of black vomit. It is now found that the same disease has also broken out at the place the negro started from, he having had the germs of the complaint in his system in a state of incubation. We need not adduce more examples. We have seen and heard of so many similar cases that we feel impelled to recommend all unprotected, unacclimatized persons to get out of its way, and to lend our cordial support to all sanitary, hygienic and quarantine regulations which may promise deliverance from its visitations.

Dr. La Roche gives a hundred pages to the treatment, beginning and ending in Egyptian darkness, and presenting a most humiliating picture to the sincere student of medical science. I will let him describe allopathic practice, that coat of many colors, for us. "One advocates active depletion by the lancet, and measures the blood abstracted, not by ounces but by pounds, looking with contempt on all who prefer a less energetic method. Another dreams of nothing but Mercury, and would salivate all cases. A different writer preaches the necessity of free and profuse purging, and attributes the large mortality of the disease to the neglect of that indispensible means. Another again holds that neither bleeding, purging, or Mercury has ever done, or ever can do good, and strongly insists on the propriety, in all

cases and under all circumstances, of administering the Peruvian-bark in large doses. Some insist on the necessity and possibility of cutting short the fever by means of Sulphate of Quinine, and accuse those who call for proof of the success of the *abortive* method with being behind the times. Some discard every method heretofore suggested, and aver that the true plan of treating the yellow fever is to oxygenate the blood by means of neutral salts. These various plans and others equally exclusive, on the saying of their promulgators and advocates, are applicable to the disease at all times and in all climes—they seldom fail." (Vol. 2, p. 629.)

What does Dr. La Roche, a fine specimen of conservative type, propose to supply the place of these and many other inefficient modes of practice? Nothing new in principle, nothing original, nothing philosophical. He merely strikes a balance between the different claimants and thinks the "moderate and judicious" employment of each and every remedy ever recommended, in its proper time, place, and circumstances is likely to be useful: He belongs to that very large class, constituting probably three-fourths of the medical profession, who shun all extremes of opinion and practice, and who contribute much to perpetuate the stagnant condition of modern therapeutics. It is not surprising that such men, when honest, are obliged to make Dr. La Roche's confessions. "Notwithstanding all that has been written on the subject, and the ample opportunities for observation afforded by innumerable epidemics, our progress within the last three quarters of a century towards anything like a satisfactory treatment of the disease in its various formidable shapes, has been far from gratifying. The fever, when severe, continues to produce its usual havoc: and on comparing the remedial plans in vogue now-a-days with those suggested by our forefathers, we do not find them to differ materially, or if they do, to be attended with much better success." New remedies in abundance, new light respecting the history and pathology of the disease pouring in from all quarters, and yet no improvement in practice! What is the cause of this? Simply the *theoretic* doctrines of Allopathy on which its practice is founded—simply the old "*contraria contrariis curantur*," that *ignis fatuus*, which led the whole medical world into the swamp

of empiricism, until Hahnemann revealed its true nature and pointed hopefully to the homœopathic law.

Allopathic physicians generally regard homœopathic practice as equivalent to the *vis-medicatrix*—a mere leaving of the patient to the unaided powers of nature. Some of them have professed to look with curiosity for its results, as likely to give much valuable information respecting the *natural history* of disease. We have indeed some valuable lessons to give our medical opponents and would beg not only Dr. La Roche but all of his confrères to listen to our teachings. A distinguished allopathic physician of Vienna treats many cases of pneumonia with sweetened water, and with better success than had ever been heard of before in allopathic hands. If the allopaths will not adopt *our* practice, we beseech them at least to let their patients entirely alone, and we predict a great diminution in their bills of mortality. We have one or two items of experience, which might be of great use to them, if they were frank enough to profit thereby, and which happily illustrate a great fact, that allopathic measures generally obscure or thwart the curative efforts of nature. Dr. Davis and myself have treated during the last three years more than a thousand cases of yellow fever without blood-letting, calomel, quinine, purgatives or blisters, and with an average mortality of not more than six per-cent. We are entitled to some regard and audience when the natural course of the disease is the matter in question. We can avow, that those cases which are ushered in with very great severity, with violent head-ache and other pains, burning hot skin, full hard, strong pulse, and all the tokens of very great arterial excitement, which call, in allopathic practice, for bloodletting, leeches, cupping, and active depletion, are the very cases likeliest to pass off in two or three days without any trouble whatever. Such cases almost uniformly get well under our practice, and I verily believe that thousands of such cases, of what I call *beautiful reaction*, have been literally butchered by the lancet and antiphlogistics. Again, obstinate constipation has been reckoned by allopathists as an unfavorable sign. Now there cannot be a doubt but that they have *made* it a dangerous sign by the cathartic and irritative measures employed to overcome it. In our experience it was a very favorable indication, and

we never disturbed the bowels by enemas unless there was great pain in the abdomen or insuperable nausea. Those cases in which the intestinal function was perfectly torpid or quiescent for some days, from five to ten, were generally the mildest, and the convalescence therefrom the most secure.

Dr. La Roche gives a gloomy chapter on the mortality of yellow fever. He has collected an immense mass of mortuary statistics and deduced averages of no very flattering showing to allopathic practice either private or public. He concludes that the disease takes off 1 in every 3.5 attacked or 100 in 350. He discards all reports of a mortality of 1 in 9, 10, 11, 12 and 13 (the highest mark) as either apochryphal or based upon false diagnosis, or at least as occurring in epidemics too mild to deserve the name of yellow fever. I cannot but think he does some little injustice to his fellow-allopaths, especially those of the South-West. The average loss under the old system was about 15 in the hundred or 1 in 6.6; in the village of Waterproof, where all the facts are easily got at, and readily proven; nor do I believe the average allopathic loss in private practice has been greater. According to my observation, seventy cases out of a hundred will get well any how, if not drugged; five cases in the hundred are stricken with death at the beginning, and would die under any practice. The remaining twenty-five are legitimate subjects for fair therapeutic experiment. Of this number the allopaths lose about ten, and the homœopaths one or two, sometimes three, or even as much as five in very malignant epidemics as that at Norfolk. This is the precise numerical estimate of the value of the two systems. This year I have treated sixty-nine cases with four deaths. Dr. Davis up to Nov. 5, had treated two hundred and eighty cases with eighteen deaths. Our clinical experience of the mortality of yellow fever for the last three years may be thus tabulated:—

In 1853 we treated	555	cases with	33	deaths.
" 1854 " "	112	" "	0	"
" 1855 " "	349	" "	22	"
Making in all	1016	cases and	55	deaths

This is a mortality of 5.4 per-cent., or leaving out entirely the mild epidemic of 1854, a mortality of 6.08 per-cent., a point

to which we earnestly solicit the attention of candid and truth-seeking men.

We have an opportunity of comparing the relative success of Allopathy and Homœopathy in a public institution on a small scale. The Mississippi State Hospital at Natchez was assigned to Dr. Davis and myself, 1st Jan. 1854, since which period it has been under exclusive homœopathic management. During that time no bleeding, purgatives, calomel, blisters or other allopathic measures have been used within its walls. The deaths have all been from chronic diseases, or were of those brought in, as with collapsed cholera, in the last hours of life. The general showing, all things being considered, is at least a hundred per-cent., more favorable than that under allopathic administration, but we have now to do only with yellow fever statistics. In 1853, when Drs. L. P. and E. M. Blackburn were physicians, there was forty-nine patients admitted and treated allopathically (fifty were admitted, but one was treated by me, the attending physician courteously permitting him to choose his practice) and of that number, twenty-seven died, a mortality of 55 per-cent. During this year there have been thirty admissions and ten deaths, a mortality of 33 per-cent. From careful and praiseworthy notes of each case, taken by my intelligent and assiduous friend, Mr. W. Howell Sprague, a resident student in the Hospital, I learn that seven of the ten came into the wards in a hopeless or dying condition. Perhaps a similar proportion of the allopathic cases received were equally unpromising, but when it is recollected that all of these poor fellows had received, previous to their admission, some kind of coarse allopathic drugging, rendering their systems insensible to the action of *our* attenuated remedies, it will be clearly seen what peculiar disadvantages we encountered, and how much greater the triumph really is than it appears to be on the first inspection. We are aware that this arena is too small for trustworthy *scientific* deductions, but the result is sufficient to warrant the public authorities of New-Orleans and other cities in making a trial of Homœopathy in larger hospitals.

I cannot more appropriately close this little effort to subserve the cause of medical truth than by congratulating the friends of Homœopathy on the steady and continuous growth of our he-

loved system. The clouds of prejudice are gradually breaking away, and the light of a better era is beginning to dawn. The Allopathic School, always bitter, arrogant and unjust in its opposition, has failed to strangle the infant Hercules in its cradle. Our success in cholera, pneumonia, and yellow fever is fast becoming one of the *fixed facts* in the public mind, which neither allopathic statistics nor sarcasm can uproot. Where we have not inspired confidence, we have excited inquiry—and to inquire is to test, and to test is to believe. The news from all quarters of the globe is cheering. The number of practitioners and patients, of students and inquirers is constantly increasing and we need not be prophets to foresee the day, when our system, like the rod of Aaron, shall swallow up the feeble rods of the magicians. Freed forever from the shackles of theory and based upon fact and observation alone, its very constitution is progressive and eternal. Our colleges, hospitals and journals are shedding around them an ever-widening circle of light. Our young but sturdy literature is incorporating into its substance all that is good and true in the records of the past and in the discoveries of the present age. Happy shall I be, if, while casting my mite into the treasury of experience, I shall aid in awakening my co-laborers to a loftier sense of our great responsibilities and to a severer study of our noble science.